

Needs Assessment

Integrated Health Service Plan 2

Appendix C



Ontario

Erie St. Clair Local Health
Integration Network
Réseau local d'intégration
des services de santé
d'Érié St. Clair

Needs Assessment

Appendix C

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Needs Assessment

Community Engagement Findings

Summary of Key Themes

- **Health Human Resources**
 - Shortages of family physicians and other health professionals are a key driver of system utilization
 - Lack of primary-care is impacting upon population health with resulting chronic diseases.
- **System Navigation**
 - A lack of support in accessing health services either through marketing/communications and/or care connectors is a system-wide issue impacting the patient experience and health outcomes.
 - System fragmentation and lack of integration impacts patient-flow and access to care.
- **Community-Based Care**
 - A lack of community-based supports impacts timely access to care across the system and is a major contributor to the utilization of Emergency Department and in-patient hospital services.
- **Health Promotion and Illness Prevention**
 - A greater focus on health promotion and illness prevention as it relates to Chronic Diseases, mental health and general well-being is required to improve population health and reduce health system utilization.
 - Primary care is lacking in focus on disease prevention and education.
- **E-Health Record**
 - Lack of coordinated e-Health record is impacting the patient flow, ability to provide integrated care, adding redundancies and generally impacting negatively upon the patient experience.

Summary of Key Themes by Sector

Diabetes Care

- **System Navigation**
 - Consumers generally have difficulty receiving information on available Diabetes services through care providers or searching it out individually/supported by family/friends.
- **Primary Care Access and Capacity**
 - Consumers experience inadequate primary care for diabetes in the areas of treatment and education.
 - Consumers experience access issues with primary care due to: shortages of family physicians, hours of operation and policies inhibiting the investigation of multiple chronic conditions in a single visit.

- **Self Management**

- Consumers express the need for supports that enable the self management of diabetes, such as education, access to a Nutritionist on an ongoing basis, diabetes specific exercise classes, support groups, and economic supports for purchasing medical supplies and healthy foods.

- **Health Promotion and Illness Prevention**

- Prevalence of Type 2 Diabetes is linked to a lack of public awareness and school-based preventative education/physical activity.

Mental Health and Addictions

- **Timely Access to Care**

- Consumers experience considerable wait times throughout the entire continuum of care inhibiting both access to hospital-based in-patient services/withdrawal management and patient flow to community-based programs such as case management and residential treatment programs.

- **Health Human Resources Access and Capacity**

- Shortages of family physicians and psychiatrists are a barrier to accessing the right care at the right time.
- Consumers experience inadequate primary care for mental health issues and/or denied access to services.

- **Stigmatization of Mental Illness**

- Consumers identify the stigmatization of mental illness and addictions as a barrier to accessing medical treatment, stemming from a lack of understanding of the diseases among front-line health care professionals.

- **System Capacity**

- Consumers experience capacity issues in current programs and a lack of available services to treat mental health and addictions, including case management, withdrawal management, peer support, family support/counseling, residential treatment programs, and methadone clinics.
- Equitable access to services is key concern for the communities of Chatham-Kent and Sarnia/Lambton where capacity and lack of available services is seen as disproportionate to Windsor/Essex

- **Poverty**

- Poverty, reliance on social assistance and a lack of housing options significantly impacts upon mental health and addictions consumers inhibiting access to medications, healthy diet, and supportive and safe environments for recovery.

Emergency Department Care

- **Access to Primary Care**

- Shortages of family physicians and issues accessing available primary care are key drivers in the utilization of Emergency Department services, specifically due to wait times and lack of after-hours care.

- **Long-Term Care Home Re-Admissions**
 - A lack of services provided to/in Long-Term Care homes significantly impacts Emergency Department utilization with avoidable visits.
- **Emergency Department Referrals**
 - Systemic patterns of referrals reinforce Emergency Department utilization, specifically from walk-in clinic services and Tele-health.
- **Mental Health and Addictions**
 - A high volume of mental health and addictions consumers and lack of available community-based alternatives is significantly impacting upon Emergency Department utilization and wait times.

Alternate Level of Care

- **Community-based Supports**
 - A lack of home care capacity or other community-based supports is affecting the timely discharge of hospital patients back into the community.
- **Alzheimer/Dementia**
 - A high volume of Alzheimer/Dementia patients and a lack of system capacity to provide appropriate care are impacting upon Alternate Level of Care days.
- **End-of-Life Care**
 - A lack of community-based End-of-Life services impacts upon Alternate Level of Care days.
- **Rehab**
 - Alternate Level of Care Days and avoidable Long-Term Care admissions is occurring due to the de-conditioning of patients during hospital stay as a result of a lack of rehabilitation supports.

Priority Populations

Francophone Community

- **Health Human Resources**
 - Francophone peoples have difficulty accessing system-wide French language health care services due to shortages in Health Human Resources, most notably in the areas of primary care and hospital-based care.
 - French Language Health Human resources is impacted by an unwillingness of professionals to self-identify as French speaking and/or a lack of training to support practice in French.
- **System Utilization and Population Health Data**
 - There are insufficient mechanisms to collect timely local data for system utilization and population health specific to the Francophone community impacting the ability to effectively plan/target French language services

Aboriginal Action Plan Per Proceedings of the Aboriginal Health Meeting March 25, 2009

OBJECTIVE	ACTIVITIES	OUTCOMES	DELIVERABLES
TO INCREASE CULTURAL COMPETENCY	<ul style="list-style-type: none"> • Cultural training for LHIN staff • Cultural training for physicians and other health workers • Review existing policies to ensure culturally appropriate 	<ul style="list-style-type: none"> • Increased understanding of local communities for LHIN staff and other health practitioners as determined 	<ul style="list-style-type: none"> • Cultural competency skills for LHIN staff • Culturally appropriate service provision
TO INCREASE INVESTMENTS IN ABORIGINAL HEALTH	<ul style="list-style-type: none"> • LHAPE to provide oversight to AHTF funds • LHAPE to provide oversight to CE funds • LHAPE to discuss funding initiatives available through LHIN 	<ul style="list-style-type: none"> • LHAPE members, will ensure appropriate and meaningful participation and feedback • LHAPE will identify existing services and gaps through strategies identified 	<ul style="list-style-type: none"> • Culturally appropriate services • New or existing services to respond to gaps
TO INCREASE ENGAGEMENT WITH ABORIGINAL COMMUNITIES	<ul style="list-style-type: none"> • Develop aboriginal committee (LHAPE) terms of reference and workplan • Plan and implement aboriginal gatherings through committee. • Develop cultural curriculum • Develop community profiles for all aboriginal communities 	<ul style="list-style-type: none"> • Meaningful engagement with Aboriginal communities • Better more sustainable health policy decisions 	<ul style="list-style-type: none"> • Terms of reference and annual workplan for LHAPE • 4 to 6 LHAPE meetings per year • Two aboriginal gatherings
TO INCREASE EFFECTIVE SERVICE DELIVERY	<ul style="list-style-type: none"> • Improved client transition strategies • Examine innovative approaches to fill gaps in services, i.e. services for men, environmental contaminants, etc. 	<ul style="list-style-type: none"> • LHAPE identifying service priorities • LHAPE identified patient navigation needs 	<ul style="list-style-type: none"> • More comprehensive services based on needs identified

Note: Participant feedback was not interpreted beyond the context in which it was given. Themes and perceptions are those of participants only and are not conclusions of Blackstone Partners.

Annual Conference Workshops

Workshop #1 – Emergency Department

Emergency Department			
Stop	Start	Continue	Measure and Monitor
<ul style="list-style-type: none"> • ‘Siloed’ thinking - involve all ‘players’ in the planning and execution of ED strategies 	<ul style="list-style-type: none"> • Active community engagement – facilitating dialogue between hospitals, communities, and practitioners • Using community services to the fullest extent –engaging community partners to avoid admissions • Identifying roles for all ‘players’ and establishing processes for hand-offs • Raising awareness of LHIN reps at municipal councils • Assisting with managing public • Educating hospital partners in the suite of services available in the community • Developing partnerships with transportation 	<ul style="list-style-type: none"> • Engaging key community leaders to be apart of the solution (e.g. 90-day Action Plans) • Using targets to monitor and measure performance • Focusing on the patient/patient centred care • Connecting with the community as part of the continuum of care • Considering the needs of the entire community in plans 	<ul style="list-style-type: none"> • # of orphan patients • # LWBS by ED • Wait times • Adherence to ED standards of care • % ED admits as LTC patients • Ambulance offload times • % visits by CTAS level • Readmission rates • # of detox holds in ED • Response time for specialist consultation • Monitor engagement of provider community

Critical Success Factors for the Emergency Department 90-Day Action Plan

Using a patient-centered approach...

Develop alternatives to ED

- Identify/define ‘appropriate’ ED visits – explore opportunities which support the ‘right’ visits, especially those that prevent unnecessary ED visits (e.g. use of Nurse Practitioners and urgent care clinics)
- Avoid ED admits by providing community supports for end-of-life patients
- Engage ED staff to define ED needs and develop communities of practice to implement
- Provide adequate after-hours resources for patients (e.g. walk in clinics)
- Conduct primary care assessments *prior* to patients being seen in the ED

Work collaboratively

- Breakdown silos – between hospital and community by enhancing communication and information and information flow
- Build stronger connections with CCAC
- Strengthen partnerships with the community
- Involve Physicians in planning
- Implement “Lean” thinking to streamlines processes

Improve community support services to alleviate ED pressures

- Increase access to care by linking other services to the provision of care (e.g. transportation)
- Strengthen collaboration between community and hospital services to prevent recidivism and readmission for mental health services
- Raise awareness of available community services through communication strategy (using LHIN as the “hub” of information)

Ensure adequate resources

- Identify and ensure adequate medical staffing
- Provide the ‘right’ incentives for Physicians
- Define resource requirements for ED diversion (e.g. community supports)

Workshop # 2 - Diabetes

Diabetes			
Stop	Start	Continue	Measure and Monitor
<ul style="list-style-type: none"> • Ignoring Health Promotion – and its significant impact on Diabetes 	<ul style="list-style-type: none"> • Inspiring innovation in Diabetes prevention • Creating innovative strategies to data collection • Creating a map for “single access point” • Shifting direction to make health promotion a core mandate • Creating mobile units • Communicating how to minimize complications • Defining role of providers • Educating local consumers • Centralizing intake and referral • Supporting regional centre and data repository • Introducing exercise as a funded component of Diabetes care • Developing a centralized Diabetes registry 	<ul style="list-style-type: none"> • Seeking consumer input to shape the vision • Advocating for direct access to services • Identifying and communicating best practices • Involving front-line workers in discussions/ solutions • Coordinating with educational institutions/resources • Coordinating between LHIN and MOHLTC • Including cultural competency focus to ensure culturally safe practices 	<ul style="list-style-type: none"> • Behavioural changes as a result of action plans • Monitor continued engagement of community

Critical Success Factors for the Diabetes 90-Day Action Plan

Provide clear direction related to the effective provision of care

- From MOHLTC to LHIN to providers
- Increase public understanding of long term goals in Diabetes care – i.e. what it means to ‘me’ as an individual with Diabetes? – through enhanced communication (between LHIN and providers)

Clearly define roles and responsibilities along the continuum of care

- Support a single point of access to care by absolute clarity related to when/how providers can contribute

Build on the Best: Leverage the benefits of existing services

- Identify the areas of strength while enhancing coordination between provider agencies
- Explore injecting cultural competencies into the provision of care

Incorporate Health Promotion and Disease Prevention in planning

Identify and communicate Best Practices

Workshop #3 – Mental Health and Addictions

Mental Health and Addictions			
Stop	Start	Continue	Measure and Monitor
<ul style="list-style-type: none"> • Micromanaging within organizations • Starting and stopping processes • Redundancy of reporting requirements to LHIN/MOHLTC • Multiple funding streams for initiatives • Multiple communications so critical information 	<ul style="list-style-type: none"> • Developing a solid understanding of services currently available in LHIN • Focusing on Health Promotion and Prevention • Thinking about health care globally (e.g. within other sectors) • Identifying value for dollar of current providers • Taking accountability for evidence-based practice and standards • Using MHandA Network as a vehicle for solid planning for the system • Ensuring appropriate broader engagement with those who are not at table to ensure all community needs are represented • Recognizing that ‘one size does not fit all’, therefore, regional and local planning are important • Coordinating communication rollout of initiatives (templates, etc...) • Providing clarity on how 90-Day Action Plans link to provider plans • Having one consistent source/ process for funding for all initiatives 	<ul style="list-style-type: none"> • Building relationships by engaging the MHandA Network, community and providers • Bringing cross-sectoral tables together (acute/ community, etc.) • Using creative approaches with new funds (e.g. Aging at Home used for MHandA) • Accessibility and responsiveness of staff 	<ul style="list-style-type: none"> • Monitor continued community engagement • Accountability Agreement indicators for mental health • Consider “cost/unit of service” • Patient and stakeholder satisfaction • County-level metrics

Critical Success Factors for the Mental Health and Addictions 90-Day Action Plan:

Communicate

- Between service providers to ensure continuity of care, collaborative planning and support
- Raise awareness of resources available to divert ED use and of the referral processes
- Establish clear leadership project management and accountability

Collaborate

- Collaborate with other specialized services (e.g. Hearing)
- Formalize partnerships and ensure agreement/support of community providers
- Utilize MOHLTC-established best practices for programs
- Maximize capacity of Connex Ontario

Focus on patients

- Consider and define benefit to user before implementing system change

Plan effectively

- Identify strategic investments
- Plan proactively
- Reduce duplication (e.g. Public Health)
 - Consolidate/share assessments
- Conduct Lean/review of programs and the full continuum of care
- Utilize platforms to assist with collaboration (e.g. Telemedicine)

The IHSP is also about you, a resident of Erie St. Clair. Whether you are working, retired, a student – or even someone working in the health care sector, we want to make sure that both the IHSP – and the administrative and consultative processes that support it – work in your best interests.

1. In planning for our second Integrated Health Service Plan the Erie St. Clair LHIN will be focusing our efforts on delivering specific results in the priority areas that are common to our partner LHINs and the Ministry of Health and Long Term Care: improving wait times for Emergency Department services and addressing Alternate Level of Care issues; improving access to primary care services; better managing diabetes as a system; and, creating a Mental Health and Addictions system that meets the needs of our consumers.
2. A key objective of our planning process will be to engage our system stakeholders to develop action plans around specific and measurable objectives. Ultimately, to be successful in making improvements in these priority areas we will need to be aligned as a system and working towards the same goals. These goals will come from the plans developed in partnership with our stakeholders.
3. While the IHSP will provide focus for the LHIN, health service providers and stakeholders, we will continue to manage the performance of our local health care system, pursue further integration among our health service providers and address ongoing system needs and issues as required.

SWOT Analysis

SWOT Analysis Summary

As part of the environmental scan, the IHSP2 team worked to develop a Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis for the Erie St. Clair LHIN. The SWOT analysis is a valuable tool not only to identify key successes for the Erie St. Clair LHIN to build upon, but, more importantly, to assess key risks and opportunities for improvement. It is these risks and opportunities for improvement that help to inform the planning priorities and focus LHIN efforts over the next three years.

SWOT Analysis Findings

By definition, a SWOT analysis is an evaluation of the Strengths, Weaknesses, Opportunities and Threats associated with a particular sector, region or organization. In completing the SWOT analysis for the Erie St. Clair LHIN, the IHSP team was challenged to think about the following questions:

- **Strengths:** What are the key internal strengths of the Erie St. Clair LHIN? (i.e. What are the successes that the Erie St. Clair LHIN is proud of and represent an important foundation of strength to build upon?)
- **Weaknesses:** What are the key internal weaknesses (i.e. opportunities for improvement) that must be addressed?
- **Opportunities:** What are the key external factors in our environment that represent important opportunities for the Erie St. Clair LHIN to take advantage of?
- **Threats:** What are the key external factors in our environment that represent risks for which the Erie St. Clair LHIN must develop mitigation strategies?

The following sections outline the SWOT analysis findings for the Erie St. Clair LHIN. (Note: The SWOT analysis has been completed at a general level for the Erie St. Clair LHIN as a whole. As such, some details of the analysis may not apply equally across all counties.)

Strengths	Weaknesses
<ul style="list-style-type: none"> • Lower than provincial rates in low birth weight and infant mortality • Higher than provincial rates of influenza immunization in the population • Higher than provincial rates of: <ul style="list-style-type: none"> - Pap smears - Colonoscopies - Breast screening • Although rates are high compared to provincial rates, performance indicators show positive improvements to: <ul style="list-style-type: none"> - Hospitalization rate for Ambulatory Care Sensitive Conditions (ACSC) - Rate of ED visits that could be managed elsewhere • Low acuity ED wait times are lower than the Province • Positive wait time improvements in the following categories: <ul style="list-style-type: none"> - General surgery - Cancer surgery - Cataract surgery - Knee replacement - Hip replacement - CT scan • % Alternate Level of Care (ALC) days is second lowest in the Province • Local history of collaboration • LHIN-Provider relationships constructive and strong • Broad community engagement • Positive relationships with Aboriginal communities 	<ul style="list-style-type: none"> • People are dying younger than the provincial average due to: <ul style="list-style-type: none"> - Circulatory system diseases - Endocrine / nutritional disorders - Mental and behavioral disorders - Nervous system disease - Cancer - Injury and poisoning • Higher than provincial rates of hospitalization • Higher than provincial rates of chronic conditions, particularly: <ul style="list-style-type: none"> - Arthritis - Asthma - Diabetes - Hypertension - Mood Disorder - Anxiety Disorder • Lack of access to primary care • Lack of access to specialized hospital services • Access to MRI scans • Access to healthcare services for rural populations

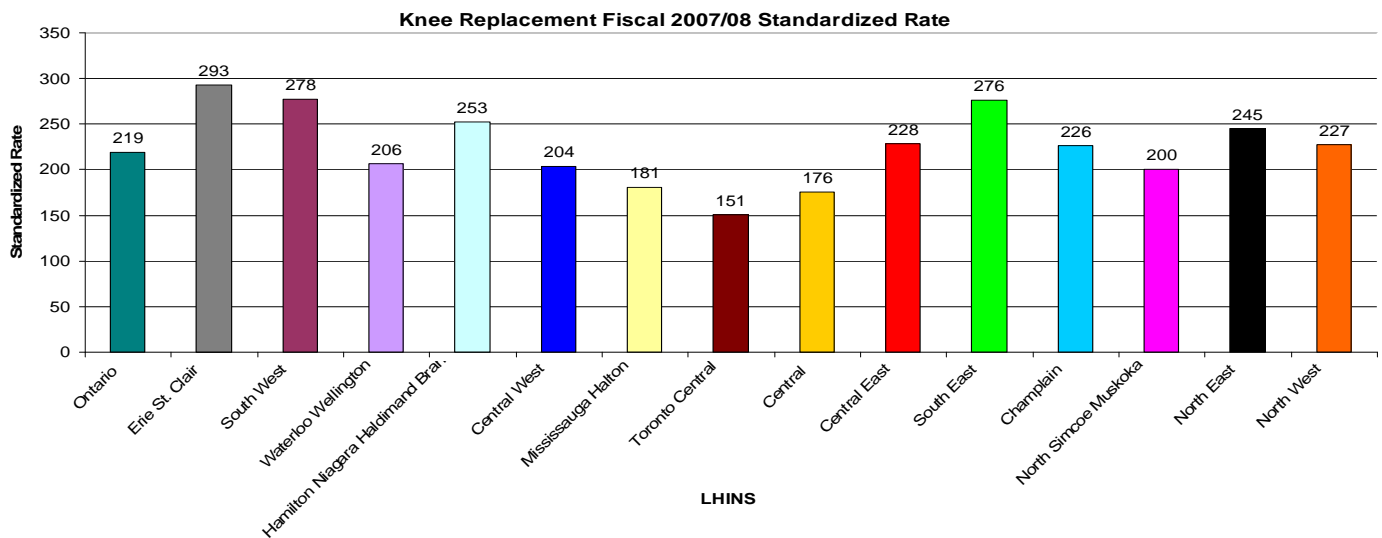
Opportunities	Threats
<ul style="list-style-type: none"> • Targeted improvement funding: <ul style="list-style-type: none"> - Aging at Home - Wait times - ALC / ED • New accountability agreements • IHSP development • MOHLTC strategic plan • Partnerships with non-funded agencies and other Ministries • Expanding primary care services • Shared information management • Technology innovation • Streamlining reporting requirements • Decreased cost to the health system • Satellite School of Medicine • Strong history and opportunities for collaboration • Community engagement • Public education • Personalized Patient education • Accepting responsibility for lifestyle changes • Integration opportunities • Diversity of population • Improved population health 	<ul style="list-style-type: none"> • Higher than provincial rates of: <ul style="list-style-type: none"> - Smoking and exposure to second-hand smoke at home - Alcohol consumption - Self-reported overweight / obesity • Lower than provincial rates of: <ul style="list-style-type: none"> - Healthy eating - Activity • People believe that they are healthier than they really are • Growing elderly population and decreasing younger population • Lower levels of formal education than the Province • Higher than provincial unemployment rate • Challenges in the economy have a disproportionate impact on ESC LHIN • Increased pressures on social services in the LHIN • Health Professional shortages <ul style="list-style-type: none"> - Second lowest ratio of Physicians to residents in the Province - Lowest ratio of Family Physicians to residents in the Province • Aging healthcare workforce • Misalignment of financial incentives in the healthcare system • Managing patient flow in the healthcare system • Focus on episodic care • Limited new financial investments in the system • HBAM funding formula • Increasing reporting requirements • Impact of unmonitored wait times and wait lists • Diminishing voluntary sector capacity • Diminishing fundraising capacity • Managing public expectations

Wait Time Report

Wait Time Report Summary and Charts

- Erie St. Clair has the shortest 90th percentile in the province for Cancer surgery; all scheduled Percutaneous Coronary Intervention (Angioplasty), Ophthalmic surgery (Cataract and other ophthalmic), hip replacement, plastic and reconstructive surgery and oral and maxillofacial surgery and dentistry
- Erie St. Clair has the shortest 90th percentile in the province for CT wait times
- Erie St. Clair has made significant improvements:
 - Orthopedic Surgery wait times have decreased by 50 days since October 2008
 - Knee wait times now rank 7th and Knee wait times are below provincial targets
 - MRI continues to be over the provincial target, however, Erie St. Clair has one of the lowest number of MRI scans per 1,000 population. MRI wait times rank 3rd in the province
 - Performance improvement in MRI wait times includes continue efforts in LEAN process redesign, maintenance of full staffing compliment at our hospitals

Chart 1: Knee Replacement Fiscal 2007/08 Standardized Rate



Source: MOHLTC, Wait Time Strategy

Observations:

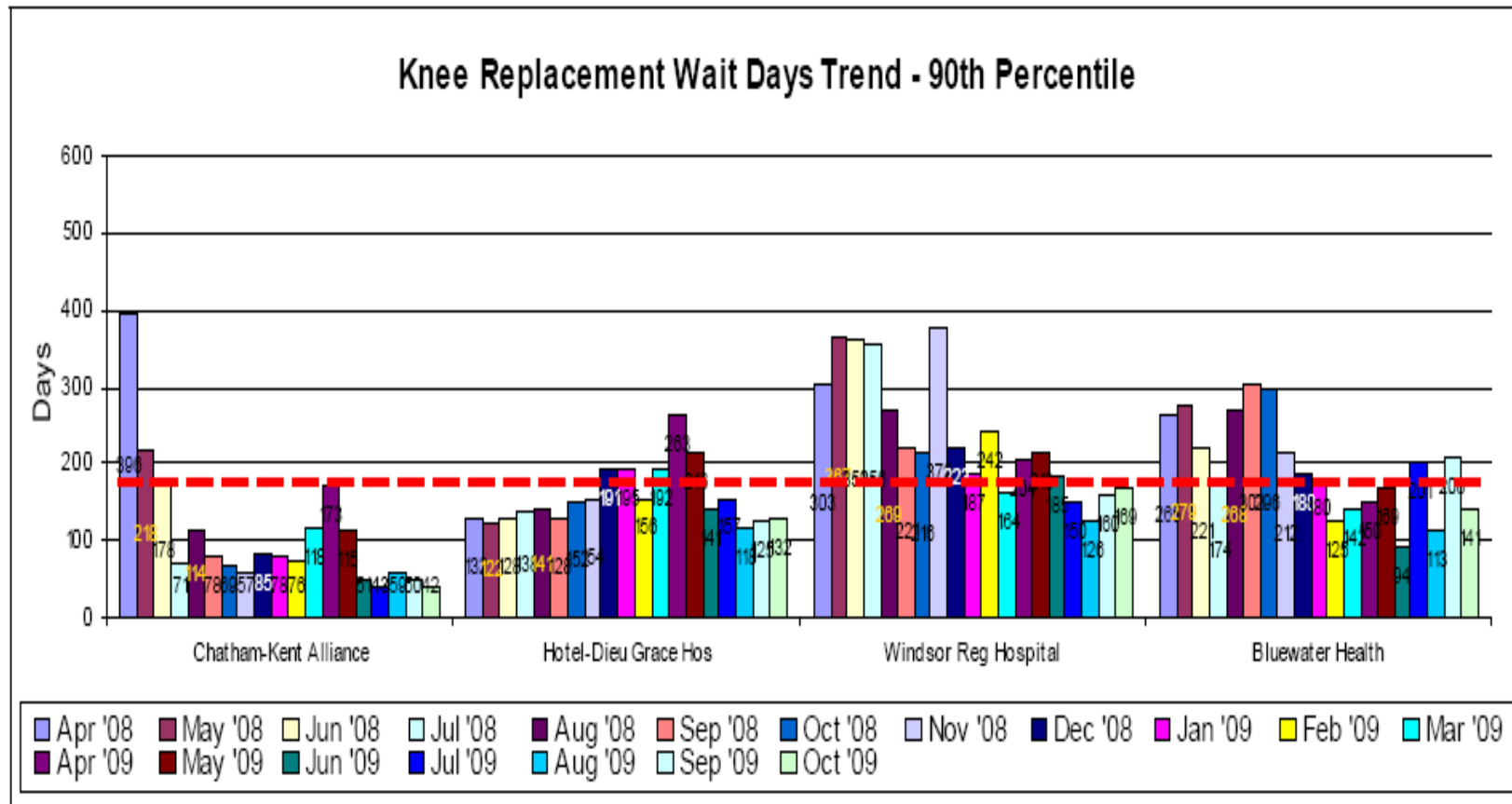
- In 2007/08, ESC LHIN had the highest standardized rate for knee replacements across all LHINS (293) compared to the provincial rate of 219

Table 1: Population Statistics

Erie-St.Clair LHIN Wait Time Trend Analysis - Oct 09 Data

Service					% completed within t	
	Baseline	Previous Year (Oct 08)	Current (Oct 09)	LHIN Rank	Priority Level 4 (PL4) access target (days)	% completed within PL4 access target
Cancer surgery	52	51	51	1	84	96%
Elective Diagnostic Cardiac Catheterization (Angiography)	58	20	17		-	-
All Scheduled Percutaneous Coronary Intervention (Angioplasty)	NA	7	9	1	-	-
Elective Isolated Coronary Artery Bypass Graft (CABG) surgery	NS	NS	NS		182	NS
General surgery	112	112	96	2	182	98%
Gynaecologic Surgery	110	NA	125	7	182	97%
Neurosurgery	117	NA	132	2	182	93%
Ophthalmic surgery	67	69	48	1	84 - 182	100%
Cataract surgery	160	69	48	1	182	100%
Other ophthalmic surgery	64	50	44	1	84 - 182	100%
Oral and Maxillofacial Surgery and Dentistry	67	NA	133	1	182	99%
Orthopaedic surgery	167	170	123	2	182	97%
Hip replacement	234	148	132	1		100%
Knee replacement	288	195	132	7		98%
Other orthopaedic surgery	145	169	115	2		96%
Otolaryngic Surgery	94	NA	134	3	182	99%
Plastic and Reconstructive Surgery	60	NA	69	1	182	94%
Thoracic Surgery	NV	NA	NV		182	NV
Urologic	85	NA	89	7	182	98%
Vascular Surgery	79	NA	156	10	182	95%
MRI	26	73	74	3	28	33%
CT	112	40	27	1	28	91%

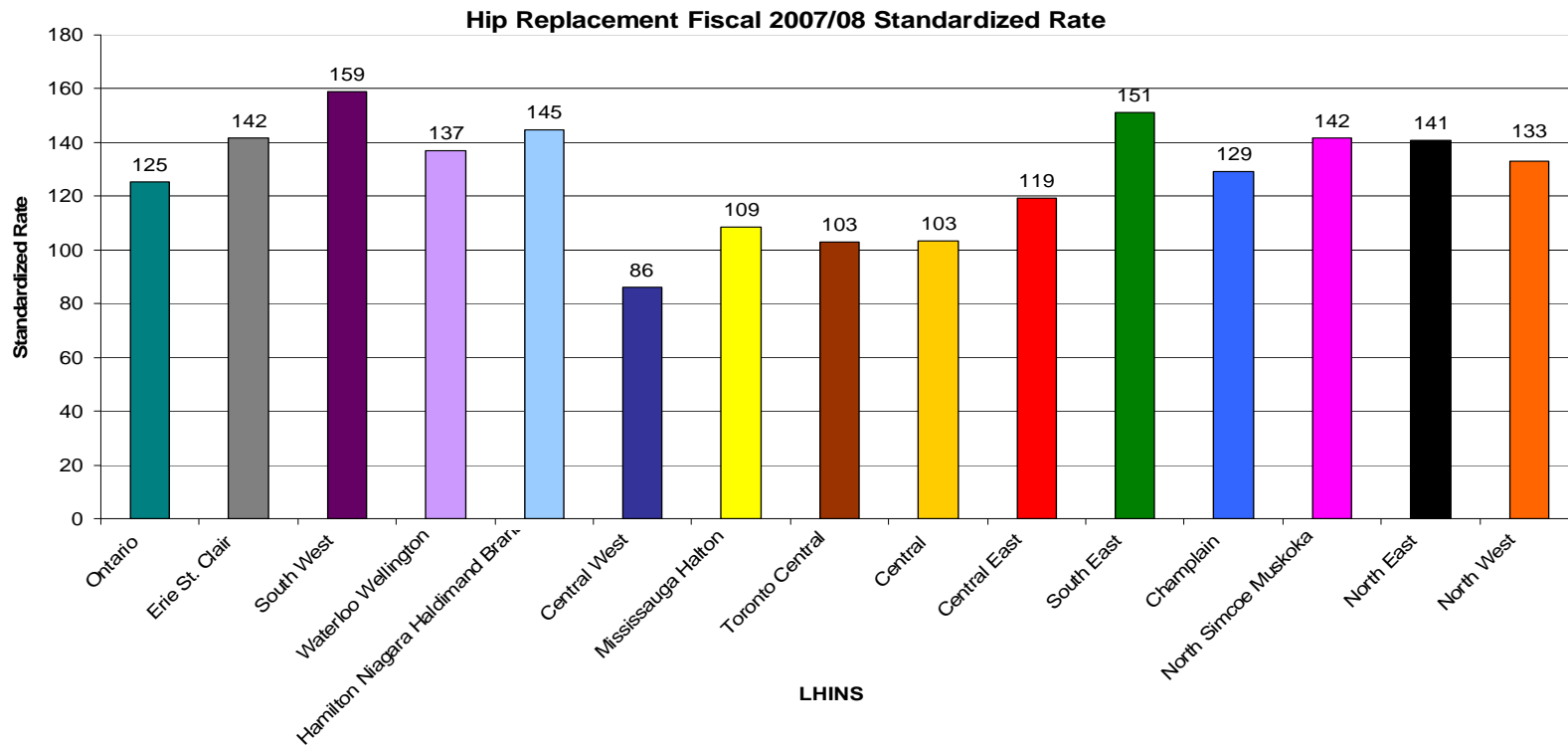
Chart 2: Knee Replacement 90th Percentile Wait Times



--- Priority IV Target = 182 days

Source: MOHLTC, Wait Time Strategy

Chart 3: Hip Replacement Fiscal 2007/08 Standardized Rate

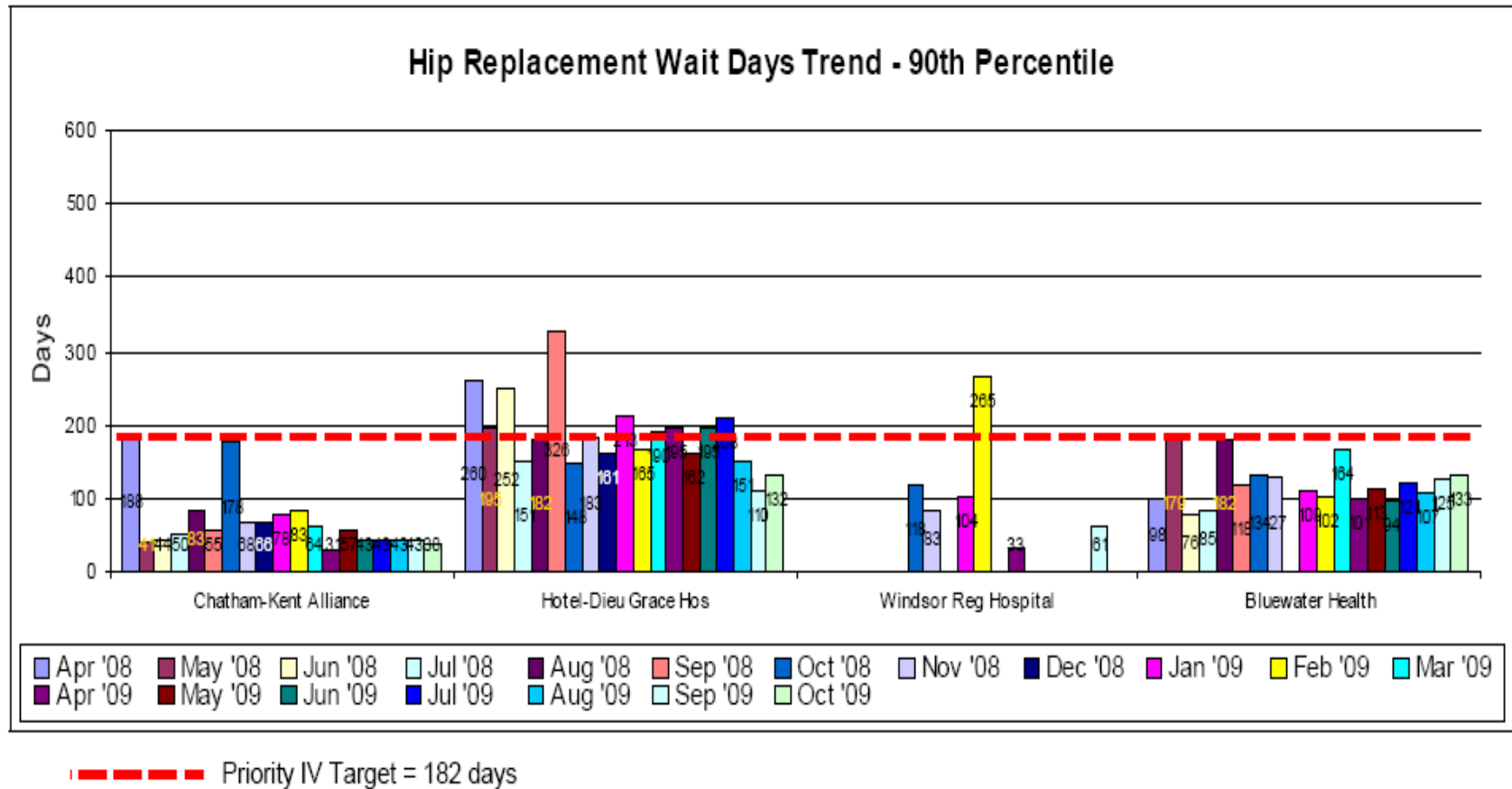


Source: MOHLTC, Wait Time Strategy

Observations:

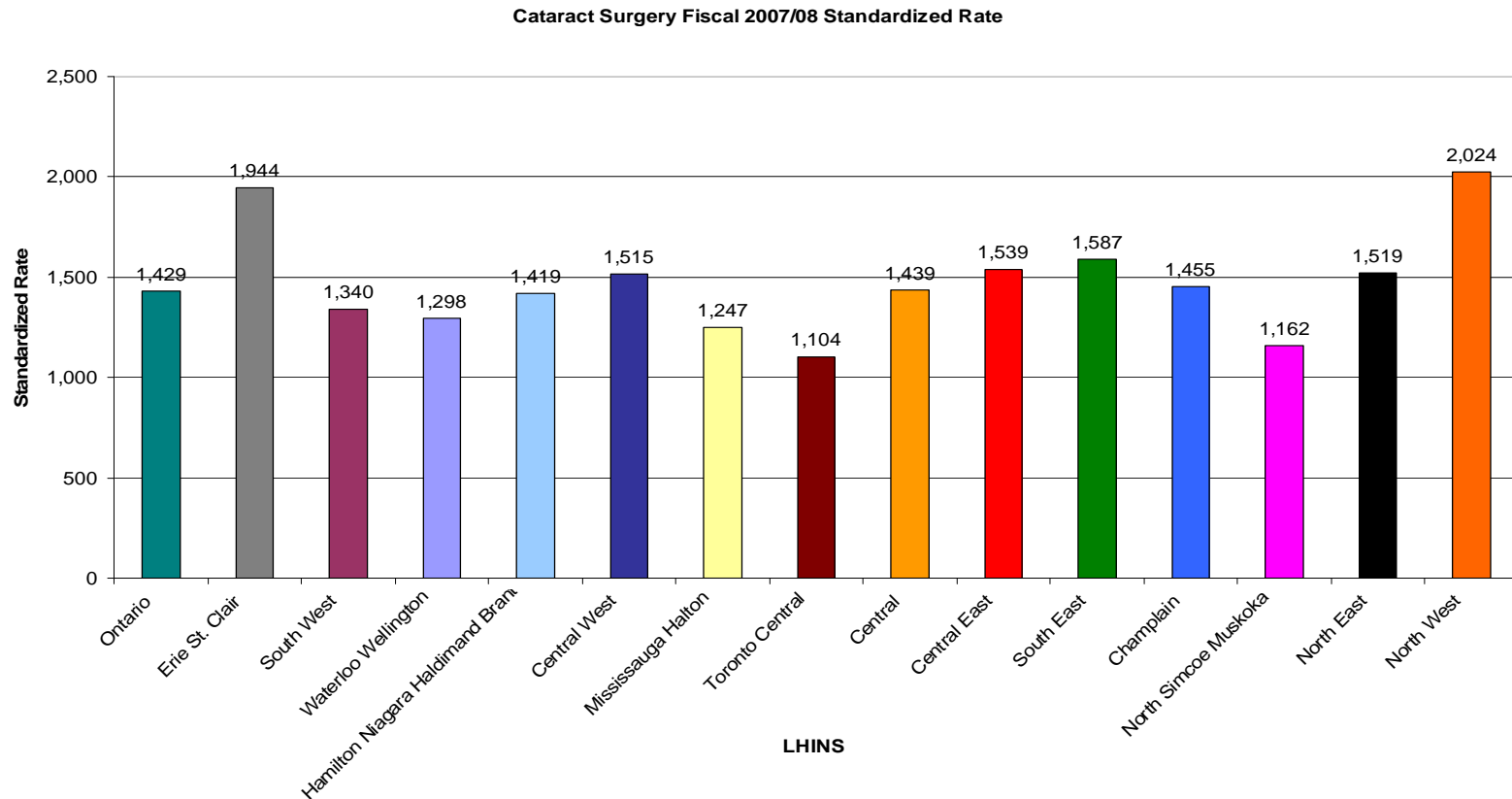
- In 2007/08, ESC LHIN had the fourth highest standardized rate for hip replacements across all LHINS (142) compared to the provincial rate of 125

Chart 4: Hip Replacement 90th Percentile Wait Times



Source: MOHLTC, Wait Time Strategy

Chart 5: Cataract Surgery Fiscal 2007/08 Standardized Rate

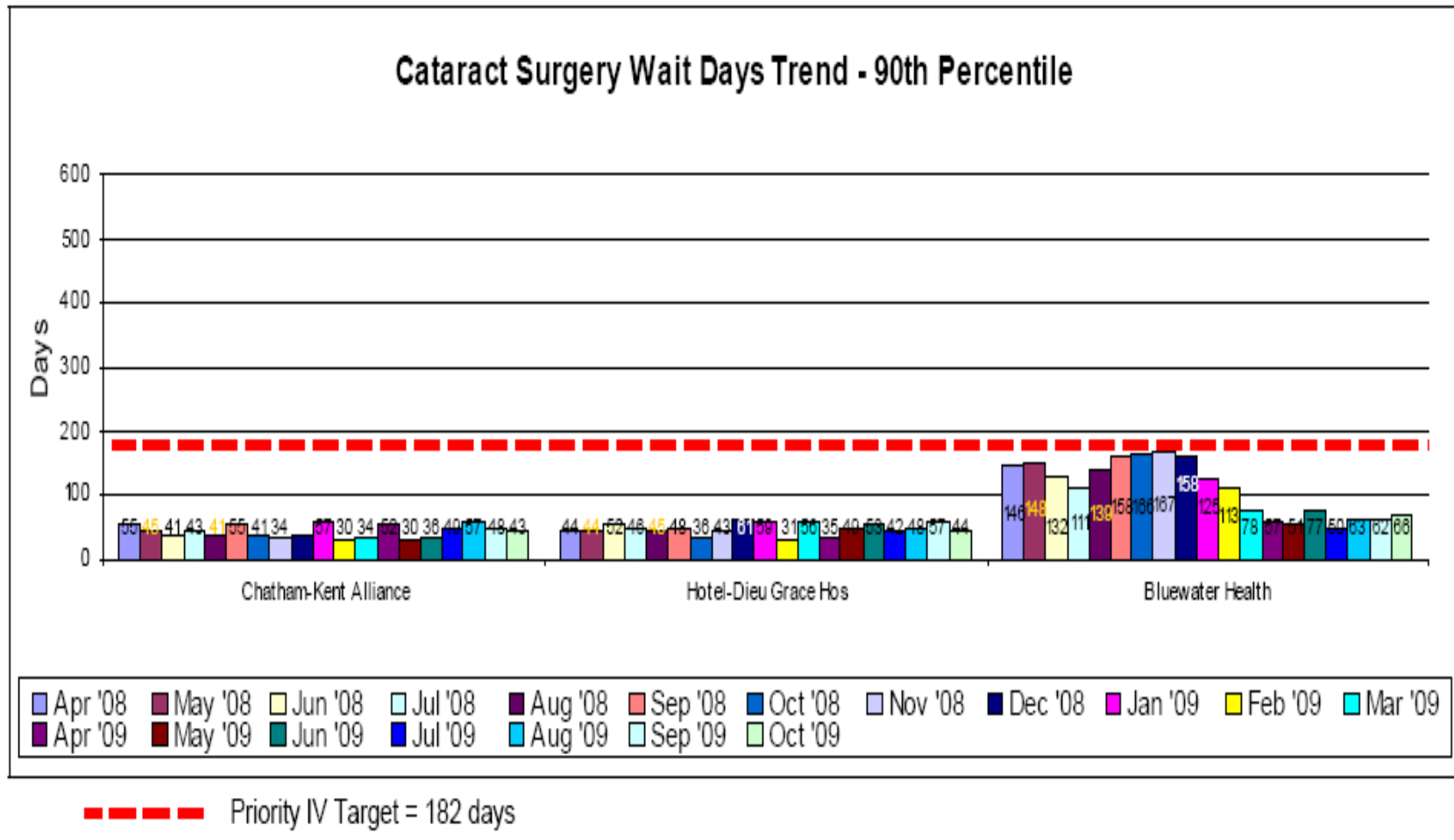


Source: MOHLTC, Wait Time Strategy

Observations:

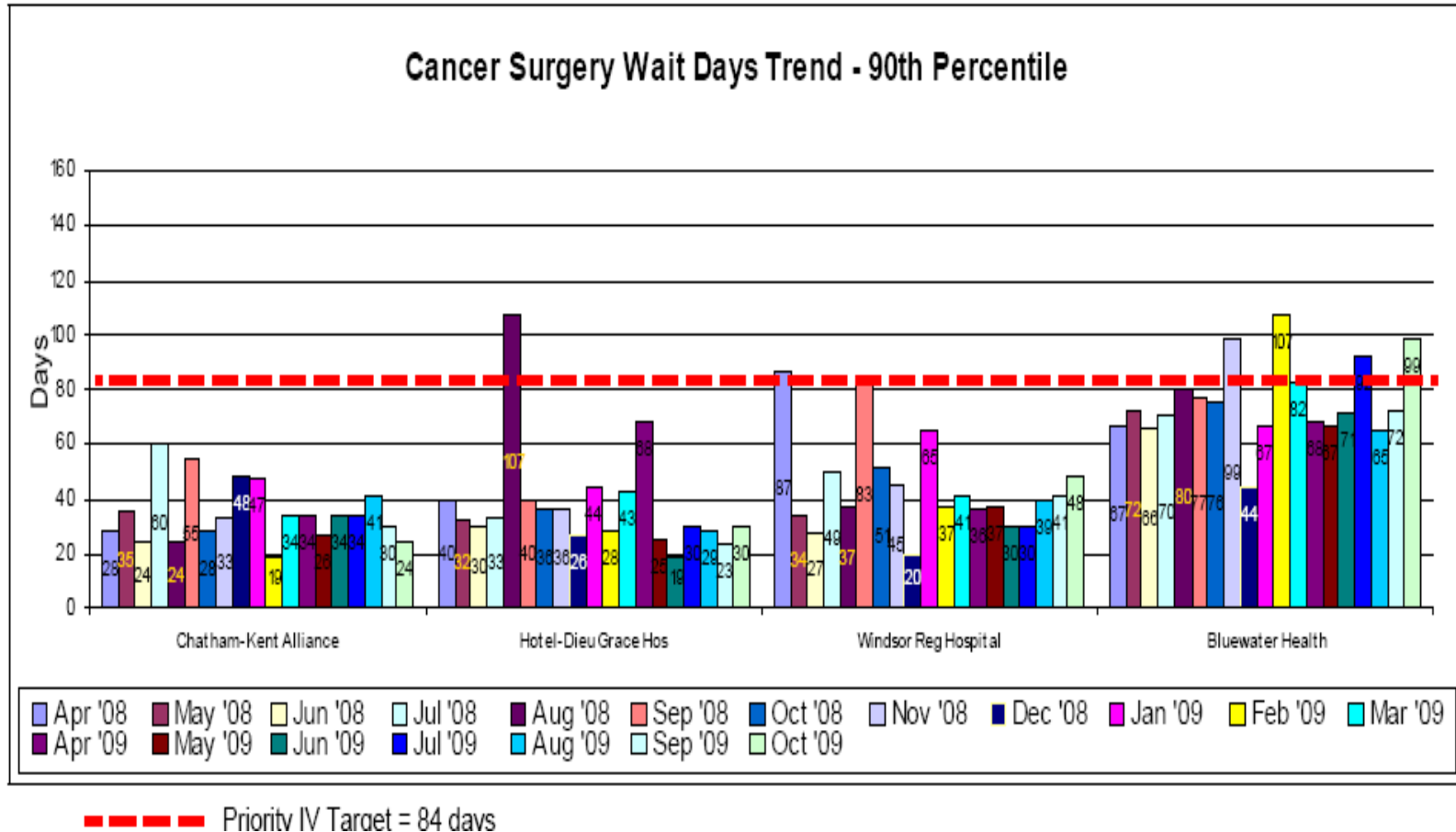
- In 2007/08, ESC LHIN had the second highest standardized rate for cataract surgery across all LHINS (1,944) compared to the provincial rate of 1,429

Chart 6: Cataract Surgery 90th Percentile Wait Times



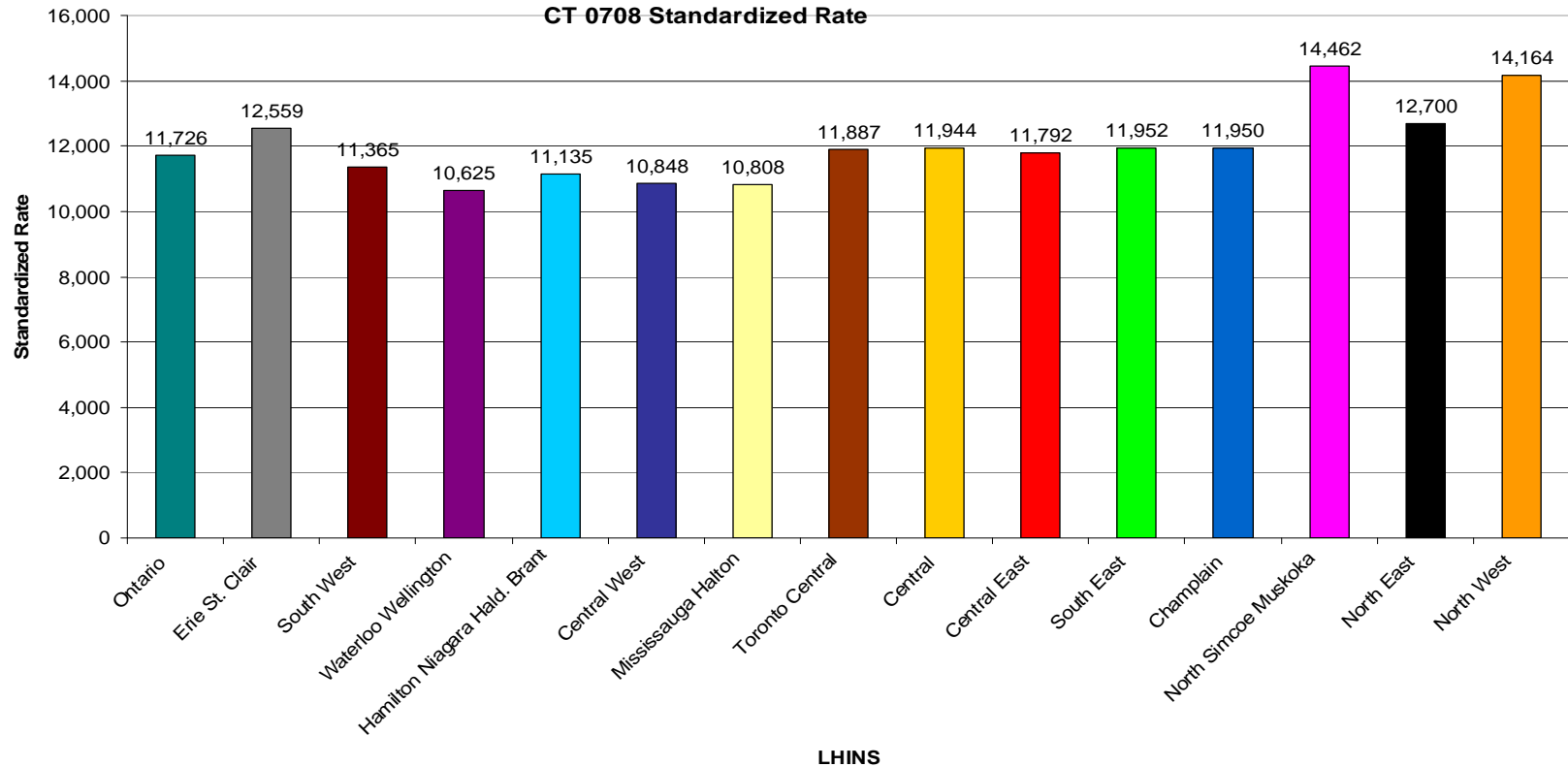
Source: MOHLTC, Wait Time Strategy

Chart 7: Cancer 90th Percentile Wait Times



Source: MOHLTC, Wait Time Strategy

Chart 8: CT 2007/08 Standardized Rate

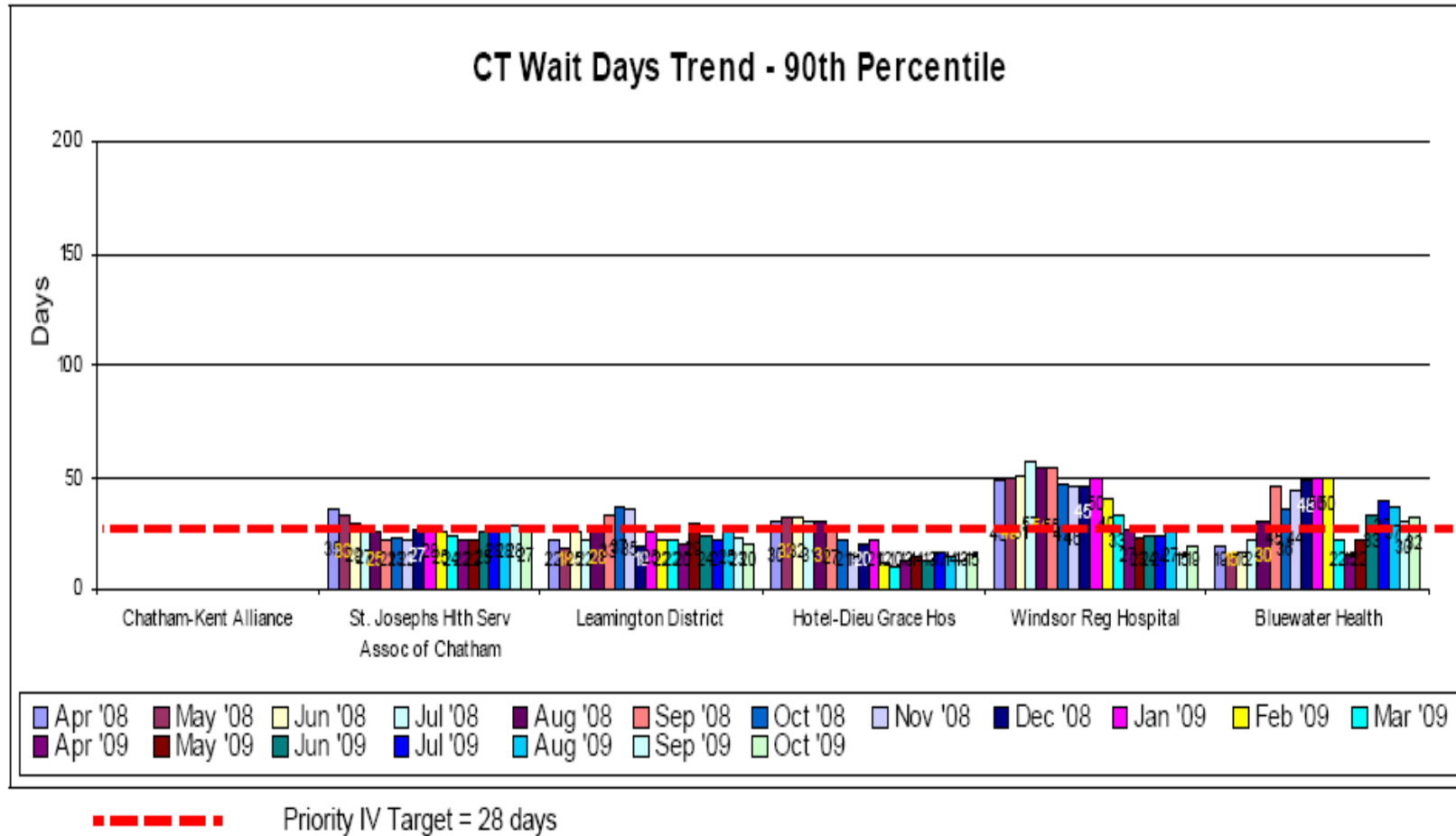


Source: MOHLTC, Wait Time Strategy

Observations:

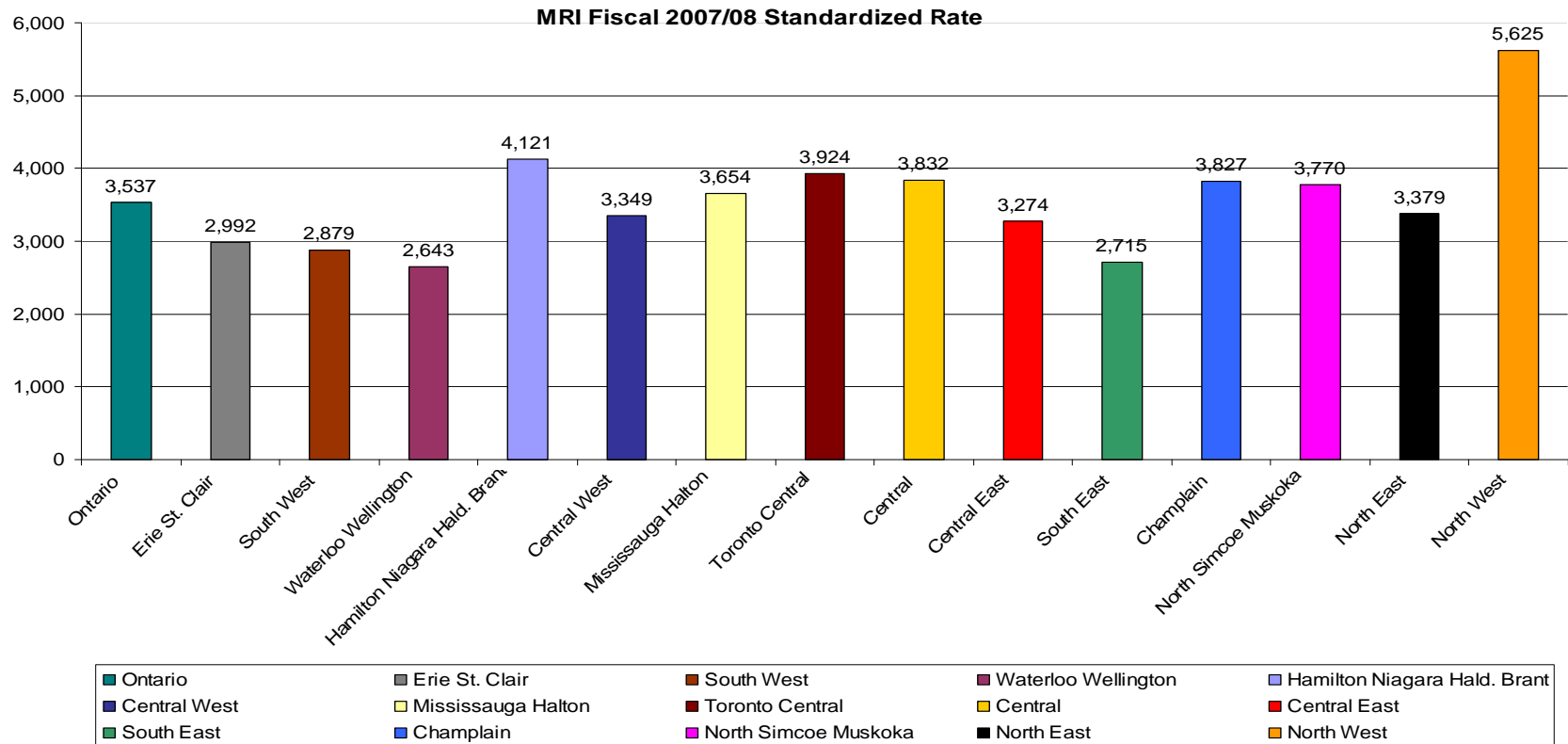
- In 2007/08, ESC LHIN had the fourth highest standardized rate for diagnostic CT scans across all LHINS (12,559) compared to the provincial rate of 11,726

Chart 9: CT Scan 90th Percentile Wait Times



Source: MOHLTC, Wait Time Strategy
December, 2009

Chart 10: MRI Fiscal 2007/08 Standardized Rate

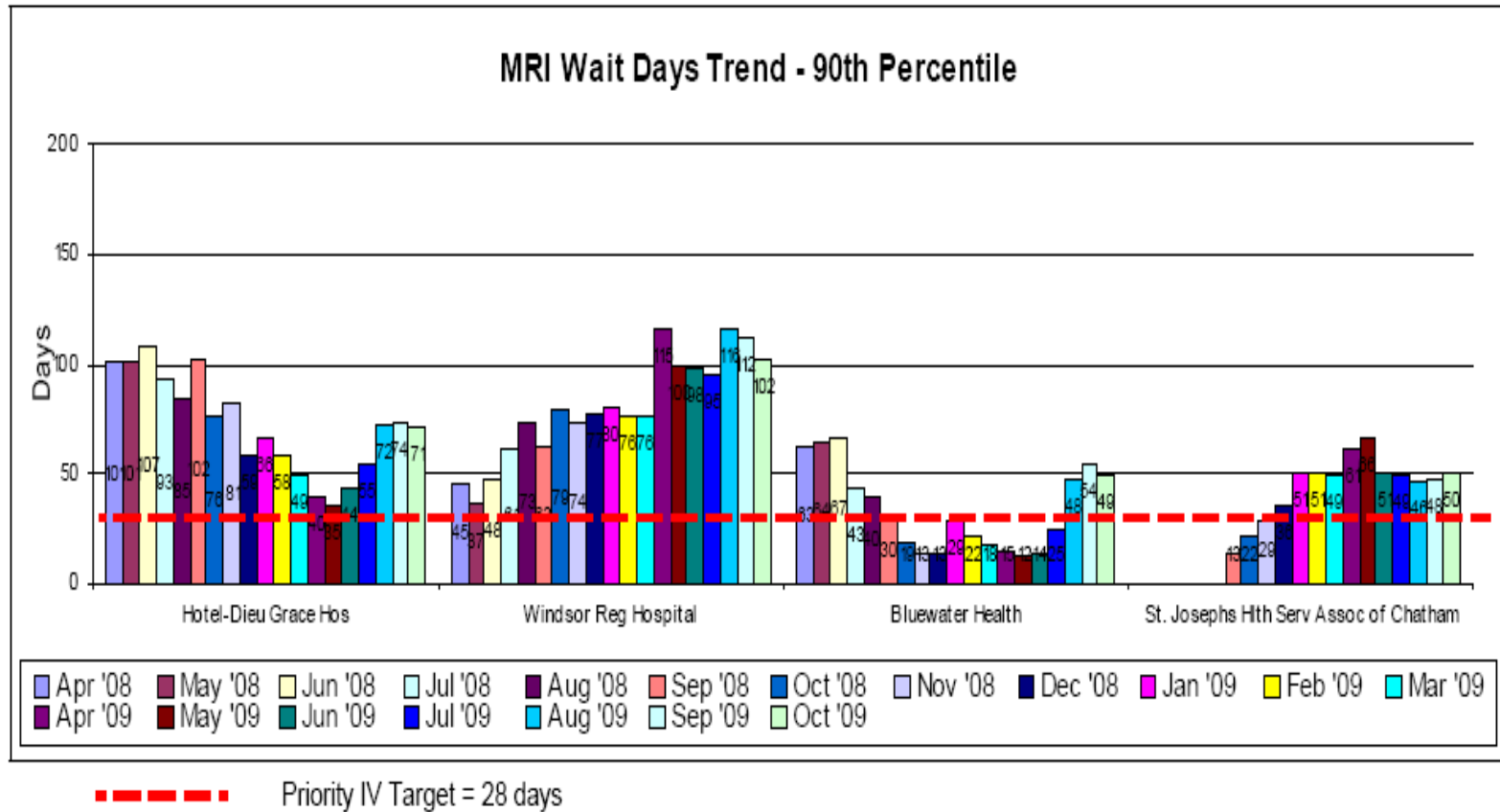


Source: MOHLTC, Wait Time Strategy

Observations:

- In 2007/08, ESC LHIN had the fourth lowest standardized rate for diagnostic MRI scans across all LHINs (2,992) compared to the provincial rate of 3,537

Chart 11: MRI 90th Percentile Wait Times



Source: MOHLTC, Wait Time Strategy