

# Health System Measures and Targets

## Integrated Health Service Plan 2

### Appendix G



Ontario

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



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## Appendix G

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## Erie St. Clair Local Health Integration Network Health System Measures and Targets

### Target Indicators Summary

The Erie St. Clair Local Health Integration Network (LHIN) is working in cooperation with all LHINs and the Ontario Health Quality Council to use common indicators that can be used locally and provincially to support our various agreements (such as Ministry/LHIN Accountability Agreement, [MLAA], Hospital Service Accountability Agreements [H-SAA], etc) and our funding programs.

The Erie St. Clair LHIN will also be reviewing the indicators with our Health Service Providers to select the indicators that best align with our achievement of our IHSP2 strategies. In this regard, we will use a subset of the Ontario Health Quality Council's standard indicators as a basis for our target setting.

The Ontario Health Quality Council monitors attributes relating to healthcare that are:

- Accessible
- Effective
- Safe
- Patient centered
- Efficient
- Appropriately resourced
- Integrated
- Population health focused

The attributes align with the Erie St. Clair LHIN MLAA and our Triple Aim strategy. This performance framework addresses various themes, including:

- Managing Wait Times in Emergency Departments,
- Access to Primary Care and specialists,
- Access to Long Term Care and Home Care,
- Promoting Best Practices,
- Minimizing Complications,
- Keeping People Healthy,
- Minimizing Readmissions,
- Minimizing Healthcare Acquired infections,
- Improving Patient Satisfaction,
- Providing the right service in the right place,
- Optimizing overall spending,
- Ensuring a Healthy Work Environment,
- Focusing on Population Health improvements, and
- Working with Public Health to minimize diseases that could be avoided.

**Table 1: Ministry/LHIN Accountability Agreement Elements Considered for IHSP2**

MLAA Indicator	MLAA 09-10 Target	MINISTRY OF HEALTH AND LONG-TERM CARE 2010 Priorities
90 <sup>th</sup> percentile wait times for Cancer Surgery	45	<ul style="list-style-type: none"> <li>➤ Improve access to emergency department care by reducing the amount of time that patients spend in the emergency department waiting</li> <li>➤ Improve access to hospital care by reducing the amount of time that patients spend in alternate level of care beds</li> <li>➤ Improve access to integrated diabetes care by supporting the roll-out of the current diabetes strategy</li> <li>➤ Mental Health and Addictions (LHINs to roll out Ministry of Health and Long-Term Care 10-year strategic plan)</li> <li>➤ Building on an e-Health framework</li> </ul>
90 <sup>th</sup> percentile wait times for Cardiac By-Pass Procedures	N/A	
90 <sup>th</sup> percentile wait times for Cataract Surgery	78	
90 <sup>th</sup> percentile wait time for Hip Replacement Surgery	162	
90 <sup>th</sup> percentile wait time for Knee Replacement Surgery	182	
90 <sup>th</sup> percentile wait times for MRI Scan	36	
90 <sup>th</sup> percentile wait times for CT Scan	44	
Percentage of Alternate Level of Care Days	9	
Median Wait Time to Long-Term Care Home Placement	75	
ED Length-of-Stay (ED LOS) indicators: <ul style="list-style-type: none"> <li>➤ Proportion of admitted patients admitted within LOS target of ≤ 8hrs;</li> <li>➤ Proportion of non-admitted high acuity patients treated within respective LOS targets of: ≤ 8hrs for Canadian Triage and Acuity Scale (CTAS) 1-2; ≤ 6hrs for CTAS 3;</li> <li>➤ Proportion of non-admitted low acuity patients treated within LOS target of ≤ 4hrs.</li> </ul>		

**Table 2: Health System Measures and Targets**

Measure	Baseline (2010)	Percent Change
<b>Helping us Achieve Provincial Priorities of Emergency Wait Times and ALC Reduction</b>		
All Alternate Level of Care (ALC) Days	31,169	-20%
Conservable Days/1000	131	-10%
Emergency Department (ED) Admissions Percent	10%	-10%
ED Visits by Canadian Triage Acuity Scale (CTAS) CTAS/1000:	476	-12%
ED Total Hours Over Target	221,027	-15%
Percent Discharge Home with or without Services	67%	5%
Percent Transferred to a Continuing Care Facility (Long-Term Care [LTC], Rest + Retirement)	21%	-52%
<b>Rebalancing Beds</b>		
Acute Beds	907	-11%
Complex Continuing Care Beds	313	15%
Rehab Beds	124	30%
Psych Beds ( <i>excludes tier divestment of tertiary</i> )	122	0%
Total Beds	1,466	-1%
**Hospital Discharges Safely Defer from LTC to Home ( <i>based on weekly ALC Snapshot of individuals for LTC</i> )	151	-50%

**Table 3: Improving Access and Outcomes of Diabetes Patients**

Improve access to care	
<b>Short-Term (Process Measures)</b>	<ol style="list-style-type: none"> <li>1. Annual number of people with diabetes evaluated by a qualified interdisciplinary diabetes team (education and nutrition counselling at a minimum)</li> </ol>
<b>Long-Term Outcomes</b>	<p><b><i>Minimize Microvascular complications</i></b></p> <ol style="list-style-type: none"> <li>1. Age-adjusted rate of renal replacement therapy per 100,00 people with diabetes, age 18+</li> <li>2. Age-adjusted hospitalization rates for foot infections, ulcers, amputations per 100,000 patients with diabetes, age 18+</li> <li>3. Age-adjusted hospitalization rates for AMI per 100,00 people with diabetes, age 18+</li> </ol>

**Table 4: Multi-Year Chronic Kidney Disease (CKD) Service Plan**

<b>Erie St. Clair LHIN 1</b>		
<b>Fiscal Year (1)</b>	<b>Q3 Number of Home* Dialysis Patients (2)</b>	<b>Total Number of Out-Patient Dialysis** Pts (3)</b>
<b>2008/09 Q3</b>	40	222
	<b>LHIN Target Number of Home Dialysis Patients</b>	<b>ICES Projected Total Number of Outpatient Dialysis Patients</b>
2009/10	50	358
2010/11	60	373
2011/12	70	387