ERIE ST. CLAIR LHIN PERFORMANCE INDICATORS

February 12, 2016 Release

	Performance Indicator (PI)	Provincial Target	2014/15 Q2	2014/15 Q3	2014/15 Q4	2015/16 Q1	2015/16 Q2
Home and Community - Reduce wait time for home care (improve access) - More days at home (including end of life care)	Percentage of home care clients with complex needs who received their personal support visit within 5 days of the date that they were authorized for personal support services	5 days	92%	95%	96%	90%	87%
	Percentage of home care clients with complex needs who received their nursing visit within 5 days of the date they were authorized for nursing services	5 days	96	94	96	95	96
	90th Percentile Wait Time for CCAC In-Home Services - Application from Community Setting to first CCAC Service	21 days	16	15	19	18	17

	Performance Indicator (PI)	Provincial Target	2014/15 Q2	2014/15 Q3	2014/15 Q4	2015/16 Q1	2015/16 Q2	2015/16 Q3	BWH-Sarnia	BWH-Petrolia	CKHA-Chatham	CKHA-Sydenham	LDMH	WRH- Met	WRH - Oue	HDGH
									Hospital Performance							
System Integration and Access - Provide care in the most appropriate setting - Improve coordinated care - Reduce wait times (specialists, surgeries)	90th percentile emergency department (ED) length of stay for complex patients	8 hours	8.5	9.0	9.3	9.3	9.4	9.8	8.8	4.4	7.2	5.5	7.8	11.4	14.2	
	90th percentile emergency department (ED) length of stay for minor/uncomplicated patients	4 hours	4.1	4.0	3.9	3.8	4.0	3.9	3.4	2.8	3.8	3.7	4.6	4.8	5.2	
	Percent of priority 2, 3 and 4 cases completed within access target for MRI scans	90.0%	35.6%	28.2%	25.8%	38.3%	37.7%	47.7%	94.8%	NA	35.0%	NA	NA	45.1%	20.4%	
	Percent of priority 2, 3 and 4 cases completed within access target for CT scans	90.0%	94.2%	95.0%	96.2%	94.9%	95.5%	94.6%	89.2%	N/A	79.0%	N/A	97.4%	98.7	98.2	
	Percent of priority 2, 3 and 4 cases completed within access target for hip replacement	90.0%	81.1%	85.7%	86.5%	79.2%	81.3%	83.8%	98.0%	N/A	58.0%	N/A	N/A	92.3%	88.0%	
	Percent of priority 2, 3 and 4 cases completed within access target for knee replacement	90.0%	73.7%	74.3%	80.4%	70.2%	74.5%	75.4%	98.9%	N/A	42.1%	N/A	N/A	75.3%	89.3%	

Hospital Performance

Performance Indicator (PI)	Provincial Target	2014/15 Q2	2014/15 Q3	2014/15 Q4	2015/16 Q1	2015/16 Q2	2015/16 Q3	BWH-Sarnia	BWH-Petrolia	CKHA-Chatham	CKHA-Sydenham	LDMH	WRH- Met	WRH - Oue	HDGH
Percentage of Alternate Level of Care (ALC) Days	9.5%	23.2%	15.8%	15.2%	16.6%	16.0%		8.7%	3.0%	4.7%	0.0%	29.7%	14.9%	23.5%	N/A
ALC rate	12.7%	21.5%	20.4%	18.1%	18.2%	21.0%	19.62%	20.8%	44.1%	4.4%	24.9%	24.1%	13.5%	24.0%	25.7%

Health and Wellness of Ontarians - Mental Health
- Reduce only unnecessary health care provide visits
- Improve coordination of care for mental health patients

Performance Indicator (PI)	Provincial Target	Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15	Q1 15/16	Q2 15/16	Q2 15/16							
Repeat Unscheduled Emergency Visits within 30 Days for Mental Health Conditions	16.3%	17.0%	16.7%	17.8%	15.9%	18.7%	15.82%	16.7%	14.6%	9.6%	19.1%	9.8%	14.2%	18.3%	N/A
Repeat Unscheduled Emergency Visits within 30 Days for Substance Abuse Conditions	22.4%	25.9%	23.3%	23.2%	27.3%	22.5%	23.84%	20.2%	-	20.4%	23.1%	-	15.7%	28.4%	N/A

Sustainability and Quality
- Improve patient satisfaction
- Reduce unnecessary readmissions

Performance Indicator (PI)	Provincial Target	Q4 13/14	Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15	Q1 15/16	Q1 15/16							
Readmission within 30 days for selected HIG conditions	15.5%	16.7%	16.5%	15.5%	15.5%	16.1%	13.69%	9.3%	N/A	15.4%	N/A	14.8%	15.4%		N/A

NV = No Volume / Low Volume

N/A = Not Applicable

N/D = No Data Available

LEGEND		
Achieved Provincial Target	Within 10% of Provincial Target	>10% From Provincial Target