ERIE ST. CLAIR LHIN PERFORMANCE INDICATORS

May 2014 Release

Erie St. Clair LHIN Hospital Performance

						2013/14				Q3 2013/14					
PI No.	Performance Indicator (PI)	Provincial target	LHIN Target	Q3 12/13	Q4 12/13	Q1 13/14	Q2 13/14	Q3 13/14	Q4 13/14	BWH	CKHA	LDMH	WRH-Ouellette	WRH - Met	HDGH
1: Access to healthcare services															
1	90th percentile ER length of stay for admitted patients	25 hours*	20.00	23.18	25.08	24.80	19.7	20.93	24.50	23.1	13.1	11.9	27.2	27.9	NA
2	90th percentile ER length of stay for non-admitted complex (CTAS I-III) patients	7 hours**	6.50	6.85	6.90	6.90	7.00	6.90	6.88	5.9	7.0	7.0	7.2	7.0	NA
3	90th percentile ER length of stay for non-admitted minor uncomplicated (CTAS IV-V) patients	4 hours***	3.90	3.83	3.77	3.72	3.90	3.78	3.85	3.6	3.9	4.5	4.3	3.6	NA
4	Percent of priority IV cases completed within access target (84 days) for cancer surgery	90%	90.0%	100.0%	94.1%	97.6%	98.0%	97.8%	93.75%	100%	NV	NV	NA	88%	NA
6	Percent of priority IV cases completed within access target (182 days) for cataract surgery	90%	90.0%	99.6%	99.9%	98.5%	99.0%	99.1%	98.97%	100%	NV	NV	NA	98%	NA
7	Percent of priority IV cases completed within access target (182 days) for hip replacement	90%	90.0%	84.5%	87.1%	79.4%	82.0%	83.2%	88.59%	100%	31%	NV	NA	94%	NA
8	Percent of priority IV cases completed within access target (182 days) for knee replacement	90%	85.0%	81.8%	83.3%	79.3%	72.0%	79.7%	77.64%	99%	20%	NV	NA	84%	NA
9	Percent of priority IV cases completed within access target (28 days) for MRI scans	90%	90.0%	87.2%	92.8%	96.0%	69.0%	58.1%	50.69%	96%	78%	NV	NA	26%	NA
10	Percent of priority IV cases completed within access target (28 days) for CT scans	90%	90.0%	95.8%	95.6%	97.5%	98.0%	96.5%	93.64%	94%	95%	99%	NA	93%	NA
2: Integration and coordination of care		Provincial target	LHIN Target	Q2 12/13	Q3 12/13	Q4 12/13	Q1 13/14	Q2 13/14	Q3 13/14	Q3 13/14					
11	Percentage of Alternate Level of Care (ALC) Days	9.5%	15.3%	15.9%	18.5%	19.5%	19.6%	20.89%	20.37%	12.3%	8.9%	15.4%	12.9%	19.8%	66%
12	Wait Time for CCAC In-Home Services - Application from Community Setting to first CCAC Service	TBD	17	17	17	17	17	41.00	16.00	N/A - Hospital Specific Data					
3: Quality and improved health outcomes		Provincial target	LHIN Target	Q1 12/13	Q2 12/13	Q3 12/13	Q4 12/13	Q1 13/14	Q2 13/14	Q2 13/14					
13	Readmission within 30 Days for Selected CMGs	TBD	12.8%	16.2%	14.8%	14.65%	14.36%	15.22%	16.54%	15.3%	15.5%	15.9%	18.0%	17.3%	NA
		Provincial target	LHIN Target	Q2 12/13	Q3 12/13	Q4 12/13	Q1 13/14	Q2 13/14	Q3 13/14	Q3 13/14					
14	Repeat Unscheduled Emergency Visits within 30 Days for Mental Health Conditions	TBD	17.60%	19.40%	18.67%	18.88%	19.20%	19.38%	18.92%	15.0%	14.3%	14.6%	21.5%	17.6%	23.3%
15	Repeat Unscheduled Emergency Visits within 30 Days for Substance Abuse Conditions	TBD	22.00%	20.64%	20.52%	24.24%	27.10%	20.44%	19.97%	15.6%	15.9%	24.0%	21.2%	14.0%	22.0%

NV = No Volume

Notes (Refers to 12-Aug-13 data only)

1 Q2 2013/14 Data (Jul, Aug, Sep 2013 Data)
2 Q1 2013/14 Data (Apr, May, Jun 2013 Data)
3 Q4 2012/13 Data (Jan, Feb, Mar 2013 Data)
4 Q3 2012/13 (Oct, Nov, Dec 2012 Data)

The LHIN result has met its target

The LHIN result does not meet the target for this indicator but has improved from baseline

The LHIN result does not meet the target for this indicator and has not improved from baseline