

## Integrated Health Service Plan 2010-2013

### Dashboard

**August 2010**

The Integrated Health Service Plan (IHSP) is Waterloo Wellington's health care strategic plan for April 1, 2010 – March 31, 2013. The IHSP identifies eight local health system priorities, including those aligned with provincial direction. The IHSP also outlines an implementation plan and how success will be measured. This Dashboard summarizes the performance success-to-date in implementing the IHSP.

The dashboard lists performance indicators and targets for each of the eight IHSP priorities. Some of these indicators and targets are WWLHIN obligations in the Ministry-LHIN Performance Agreement (MLPA) (April 1, 2010 – March 31, 2012). The MLPA sets out obligations for both the Ministry of Health and Long-Term Care and the LHINs in fulfilling their mandate to plan, integrate, and fund local health services.

The Dashboard will be updated monthly.

Indicator	MLPA <sup>1</sup> Indicator (Y/N)	Performance Period	Target (April 1/10 - March 31/11)	Performance	Variance from Target	Variance Year over Year
<b>Improving Patient Safety and Enhancing Quality of Care</b>						
% Readmission within 30 days for Select CMGs <sup>2</sup>	Y	Oct-Dec 09	14.00%	12.70%	-9%	-12%
		Jul-Sep 09		14.80%		
		Oct-Dec 08		14.50%		
Hospital Standardized Mortality Rates <sup>3</sup>	N	Oct-Dec 09	90	80	-11%	-13%
		Jul-Sep 09		81		
		Oct-Dec 08		92		
90th Percentile <sup>4</sup> Wait Time for Cancer Surgery (days)	Y	June 2010	49	43	-12%	-4%
		May 2010		41		
		June 2009		45		
90th Percentile Wait Time for Cardiac Surgery (days)	Y	Apr-Jun 10	34	44	29%	19%
		Jan-Mar 10		25		
		Apr-Jun 09		37		
90th Percentile Wait Time for Cataract Surgery (days)	Y	June 2010	76	75	-1%	32%
		May 2010		77		
		June 2009		57		
90th Percentile Wait Time for Hip Surgery (days)	Y	June 2010	103	134	30%	26%
		May 2010		82		
		June 2009		106		
90th Percentile Wait Time for Knee Surgery (days)	Y	June 2010	115	144	25%	43%
		May 2010		99		
		June 2009		101		
90th Percentile Wait Time for Computed Tomography (CT) Scan (days)	Y	June 2010	28	33	18%	22%
		May 2010		30		
		June 2009		27		
<b>Decreasing Alternate Level of Care (ALC) Days</b>						
WWLHIN %ALC <sup>5</sup> (Acute)	Y	July 2010	12.51%	18.76%	50%	8%
		June 2010		16.33%		
		July 2009		17.31%		
WWLHIN %ALC (All)	N	July 2010	17.00%	18.71%	10%	-14%
		June 2010		19.01%		
		July 2009		21.76%		
Number of new LTC <sup>6</sup> Placement Referrals done in Hospital	N	July 2010	19	29	53%	7%
		June 2010		24		
		July 2009		27		
90th Percentile Wait Time from Community Setting to Community Home Care Services (from Application to First Service) (days)	Y	Jan-Mar 10	52.5	76	45%	-1%
		Oct-Dec 09		65		
		Jan-Mar 09		77		
<b>Improving Access to ED Care</b>						
Admitted Patients - 90th Percentile ED LOS <sup>7</sup> (hours)	Y	June 2010	20	27.4	37%	7%

Indicator	MLPA <sup>1</sup> Indicator (Y/N)	Performance Period	Target (April 1/10 - March 31/11)	Performance	Variance from Target	Variance Year over Year
		May 2010		29.6		
		June 2009		25.6		
Non-Admitted CTAS <sup>8</sup> 1-3 - 90th Percentile ED LOS (hours)	Y	June 2010	6.8	7.6	12%	4%
		May 2010		7.4		
		June 2009		7.3		
Non-Admitted CTAS 4-5 - 90th Percentile ED LOS (hours)	Y	June 2010	4.1	5.4	32%	-5%
		May 2010		5.3		
		June 2009		5.7		
<b>Improving Access to, and Coordination of, Addictions and Mental Health Services</b>						
% Repeat Unplanned Emergency Visits within 30 Days for Mental Health Conditions	Y	Oct-Dec 09	11.60%	14.00%	21%	-1%
		Jul-Sep 09		13.90%		
		Oct-Dec 08		14.10%		
% Repeat Unplanned Emergency Visits within 30 Days for Substance Abuse Conditions	Y	Oct-Dec 09	16.80%	21.10%	26%	12%
		Jul-Sep 09		20.30%		
		Oct-Dec 08		18.80%		
<b>Improving Outcomes for Stroke Patients through Integrated Programs</b>						
% Readmission Rates for Stroke	N	Calendar 08	6.90%	7.60%	10%	-12%
		Calendar 07		8.60%		
<b>Improving Access to Primary Care</b>						
% of Health Care Connect registered patients referred to physician	N	May 2010	47%	40%	-15%	208%
		March 2010		38%		
		May 2009		13%		
<b>Improving Chronic Disease Prevention and Management</b>						
% Readmission Rates for Diabetes	N	Calendar 08	10.20%	11.40%	12%	-3%
		Calendar 07		11.80%		
% ED visits and hospitalizations for patients with diabetes	N	TBD	TBD	TBD	TBD	TBD
% of people 18+ who had all 3 diabetes tests within the recommended guideline period	N	TBD	TBD	TBD	TBD	TBD
% dialysis patients who receive dialysis at home	N	TBD	TBD	TBD	TBD	TBD
<b>Improving Wait Times for Magnetic Resonance (MRI) Exams</b>						
90th Percentile Wait Time for MRI (days)	Y	June 2010	28	65	132%	-47%
		May 2010		53		
		June 2009		123		
<sup>1</sup> MLPA	Ministry / LHIN Performance Agreement sets out obligations for both the Ministry of Health and Long-Term Care and the LHINs in fulfilling their mandate to plan, integrate, and fund local health care services. MLPA includes performance indicators and targets measuring health system performance.					
<sup>2</sup> CMG	Case Mix Group is used to classify patients with similar diagnosis and treatments who are being treated in a hospital or by other health care providers.					
<sup>3</sup> HSMR	Hospital Standardized Mortality Rates: An HSMR equal to 100 suggests that there is no difference between a local mortality rate and the average national experience, given the types of patients cared for. An HSMR greater or less than 100 suggests that a local mortality rate is higher or lower than the national experience, respectively.					
<sup>4</sup> 90th Percentile	The 90 <sup>th</sup> percentile refers to the maximum amount of time in which 9 out of 10 patients have received their care.					
<sup>5</sup> ALC	Alternate Level of Care patients have completed their acute phase of treatment in the hospital and remain in hospital beds waiting for placement and care in more appropriate settings such as rehabilitation, palliative care, at home with supports, or long-term care homes.					
<sup>6</sup> LTC	Long-Term Care.					
<sup>7</sup> ED LOS	Emergency Department Length of Stay is determined from the time the patient is seen and assessed by the triage nurse, until the patient is discharged from the ED to home or admitted to a hospital bed.					
<sup>8</sup> CTAS	Canadian Triage and Acuity Scale (CTAS) is a system assigning level of severity of illness to patients who go to the ED for care, with 1 being the most seriously ill patients and 5 being less seriously ill patients.					