

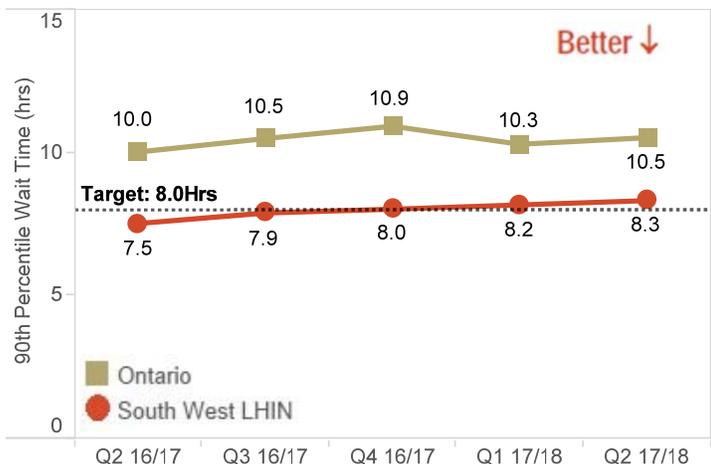


How Will We Know We Have Been Successful?

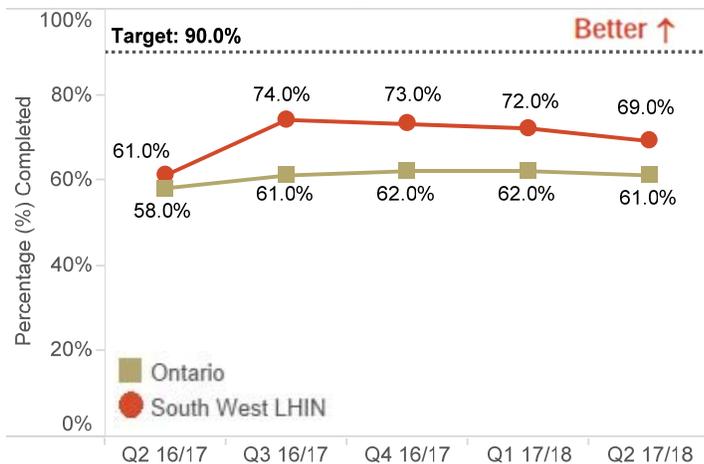
- Faster access to care in Emergency Departments and to surgical and diagnostic procedures
- Fewer people dying in hospital
- Improved cost alignment to provincial standard

How Are We Doing?

#16. 90th Percentile Emergency Department (ED) Length of Stay for Complex Patients



#18, #19. Percentage of Priority 2,3 and 4 Cases Completed within Access Target for MRI and CT Scans



- The South West LHIN ranks 3rd among the 14 LHINs for Emergency Department Wait Times for Complex patients. The LHIN experienced a 2% increase in unscheduled visit volumes in Q2 17/18 in comparison to same time period in FY 16/17.
- The South West LHIN ranks 4th among the 14 LHINs for Diagnostic Imaging, performing 72% of Magnetic Resonance Imaging (MRI) and Computed Tomography (CT) scans within the access target. Seven of ten hospital sites are completing more than 90% of CT scans within the access target. None of five sites are completing 90% of MRI scans within the access target, but all sites are performing within their Hospital Service Accountability Agreement (H-SAA) targets and corridors.

What Is Impacting Performance?

Initiating & Planning: a) **Regional Medical Imaging Integrated Care Project** – Implementing strategies to standardize quality, appropriateness, and access through integrating medical imaging services. b) **Alternate Level of Care (ALC) Avoidance and Patient Flow** - Chief Nursing Executive sponsored Home First Refresh is underway to address ALC and discharge planning leveraging provincial best practices and a learning collaborative format, as well as a review of services and supports in place for extraordinary needs patients. c) **Development of Regional Access and Flow Memorandum of Understanding** inclusive of year-round surge and escalation plans.

Executing: a) **Pay for Results and Knowledge Transfer Learning Collaborative** – Hospital sites are progressing their 2017/18 action plans targeting improvement in patient flow opportunities. Since 2012/13, there has been an estimated 13% year-over-year improvement in wait times for admitted patients.

Monitoring & Closing: a) **Quarterly ED Learning Collaborative** – Continue to utilize this group and the Service Accountability Agreement review process to monitor ED performance at the organizational level. b) **Regional OneNumber Access and Flow Protocol** - Updated by the Chief Nursing Executives to strengthen the language and commitment to ensure timely repatriations/transfers supporting care close to home and regional patient flow.

Potential Future Opportunities and Considerations:

- Regional Medical Imaging Project to identify centralized intake opportunities and provide recommendations for future phases.