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North East LHIN

e-Bulletin

Week of September 5, Volume 2, Number 17

Why Report on Hospital Performance Indicators?

New for hospitals this year is the reporting of performance indicators. The reports monitor the indicators of schedules D, G and H of the Hospital Service Accountability Agreements (H-SAA).

In July, NE LHIN hospitals were asked to submit a monthly electronic report to the NE LHIN by the 20th of each month. The report includes data on a range of indicators within three categories: **global volumes; protected services; and wait time services.** Click here to view a sample report.

Hospitals negotiated service agreements with LHINs for the first time this year. During this time of transition, the NE LHIN is appreciative of the fact that there may be cases of duplication when it comes to the reporting of data in that at times, the MOHLTC, or another government agency, may be asking for similar data sets. For instance, some of the data in the performance indicator report is also available on a quarterly basis through MIS Trial Balance, Quarterly Reports and CIHI. However, with monthly reporting, ample time is provided for both the NE LHIN and a hospital to identify, react and resolve issues related to deviations from (H-SAA) targets.

The NE LHIN has 25 hospitals and over 200 health services providers to monitor and ensure service agreements are met. Keeping the hospital performance indicator reports to a single page allows for a quick and easy way for health service providers to monitor and offer feedback to their boards on meeting their service agreement obligations. Given that hospitals and other health care providers are often managing with minimal administrative staff, every attempt has been made to minimize and simplify reporting requirements.

The NE LHIN will continue to monitor the reports on a monthly basis, as undoubtedly will hospital boards. This close monitoring ensures the maintenance and improvement of efficiencies in operations and the identification of variances from targets.

The longer-term goal is to have hospital performance indicator reports

posted to the NE LHIN website to allow health care agencies from across the NE LHIN the opportunity to view what is happening at other facilities and to prompt discussions on working together to improve service delivery across the North East.

In order to manage the volume of reports received, only those hospitals which indicate a risk of not meeting a particular target will be notified.

For more information on the NE LHIN Hospital Performance Indicator Report, please contact your NE LHIN consultant.

NE LHIN Proceeds with Development of Integration Strategy

At the August 28 NE LHIN Board of Directors meeting in North Bay, Directors received a briefing from NE LHIN senior management regarding the creation of a NE LHIN Integration Strategy.

The proposed Strategy, currently in development, is scheduled to be considered at the next Board of Directors meeting on September 26 at the Espanola General Hospital. The purpose of a NE LHIN Integration Strategy will be to provide health service providers with information and direction to achieve success with health service integration and coordination efforts.

During last week's Board meeting, Directors heard about the strategy work that has taken place over the past several months, including:

May, 2008
NE LHIN Board of Directors pass a resolution approving a Master Plan and direct staff to develop an integration strategy.

May – August
NE LHIN senior management review literature on integration, discuss the implications of integration, and begin to develop a strategy.

August 27
NE LHIN invites four guest speakers to present their experiences with integration
to the NE LHIN Board of Directors (NE LHIN is currently compiling the presentations to create a pod cast and send it to health service providers in September.) Guest speakers and topics included:

- **Lois Kozak**, CEO, Englehart and District Hospital and Bruce Cunningham, CEO, Temiskaming Hospital
  "Timiskaming Health Services Study – An example of horizontal integration"
- **Ray Hunt**, CEO Espanola General Hospital
  "Espanola's Model for Health Service Integration and Coordination - An example of vertical integration"
- **Gaston Roy**, Chief Information Officer, Hôpital régional de Sudbury Regional Hospital
  "Integration: Observations & Opportunities - An example of non-clinical shared services integration"
- **Karen Roosen**, Health Care Consultant

"Integrated Pre-School Speech and Language Services System – An example of integrated care pathways by client condition"

August 28
Board of Directors receive summary of integration work to date and direct staff to continue to develop a strategy.

September 26
NE LHIN Integration Strategy will be presented for approval and adoption to the Communiqué and copy of Strategy will be sent to all health service providers.

As is the case with all NE LHIN Board meetings, the September meeting is open and all individuals are welcome to attend. The Board package will be posted to the NE LHIN website prior to the September 26 meeting.

Last Week to Subscribe to NE LHIN News and Information – Don't forget to sign up

For the past several months, we have been asking our readers to subscribe to receive information from the NE LHIN, notably: e-Bulletins, newsletters, employment opportunities and RFPs. By the second week of September, **only readers who have subscribed will continue to receive this information**.

To continue to receive your copy of this e-Bulletin, please take the time to subscribe now – it takes less than 30 seconds. Thank you.

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Contest ends September 24, 2008

In the Last Edition...

To view the last edition of the NE LHIN e-bulletin, which included articles on the following topics, please click here.

- Sault Area Hospital Leads Community Engagement Planning
- Risk Register Due Tuesday, September 9th 2008
- Aging at Home, Year 2 – Guidelines for Proposals

Ontario
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08/09 Hospital Performance Indicator Report

000 - Hospital Name

Global Volumes	08/09 Target	YTD Actual	YE Forecast	Variance	
Total Acute Activity:	1345	120	1340	-5	
Complex Continuing Care:					
Mental Health:					
ELDCAP:					
Inpatient Rehabilitation:					
Emergency Visits:					
Ambulatory Care:					
Readmission to Own Facility for Selected CMGs:					
% of Patients with new Stage 2 or Greater Skin Ulcers:					
Current Ratio:					
% Full-time Nurses:					
Year End Total Margin:					
Protected Services					
Chronic Kidney Disease:					
Cardiac Catherization:					
Cardiac Surgery:					
Visudyne Therapy:					
Total Hip and Knee Joint Replacemetns (non-WTS):					
Magnetic Resonance Imaging:					
Regional Trauma:					
Wait Time Services					
Total Hip and Knee Joint Replacements:					
Cataract Surgeries:					
Magnetic Resonance Imaging (MRI:					
Computed Tomography (CT):					

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