

# Where to from here

## Breakfast with the Chiefs

Matthew Anderson  
Chief Executive Officer

February 11<sup>th</sup>, 2010

# LHIN Mandate

## **Guiding Principles of the LHIN System**

equitable access  
preservation of patients' choice  
measurable outcomes  
community-focused care  
shared accountability between providers, government,  
community

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## **LHIN Functions**

planning  
system integration  
service coordination  
funding allocation  
evaluation of performance

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## **Made-in-Ontario LHIN Model**

preserves local delivery of service  
preserves local governance

# To change the world...



# Our Vision

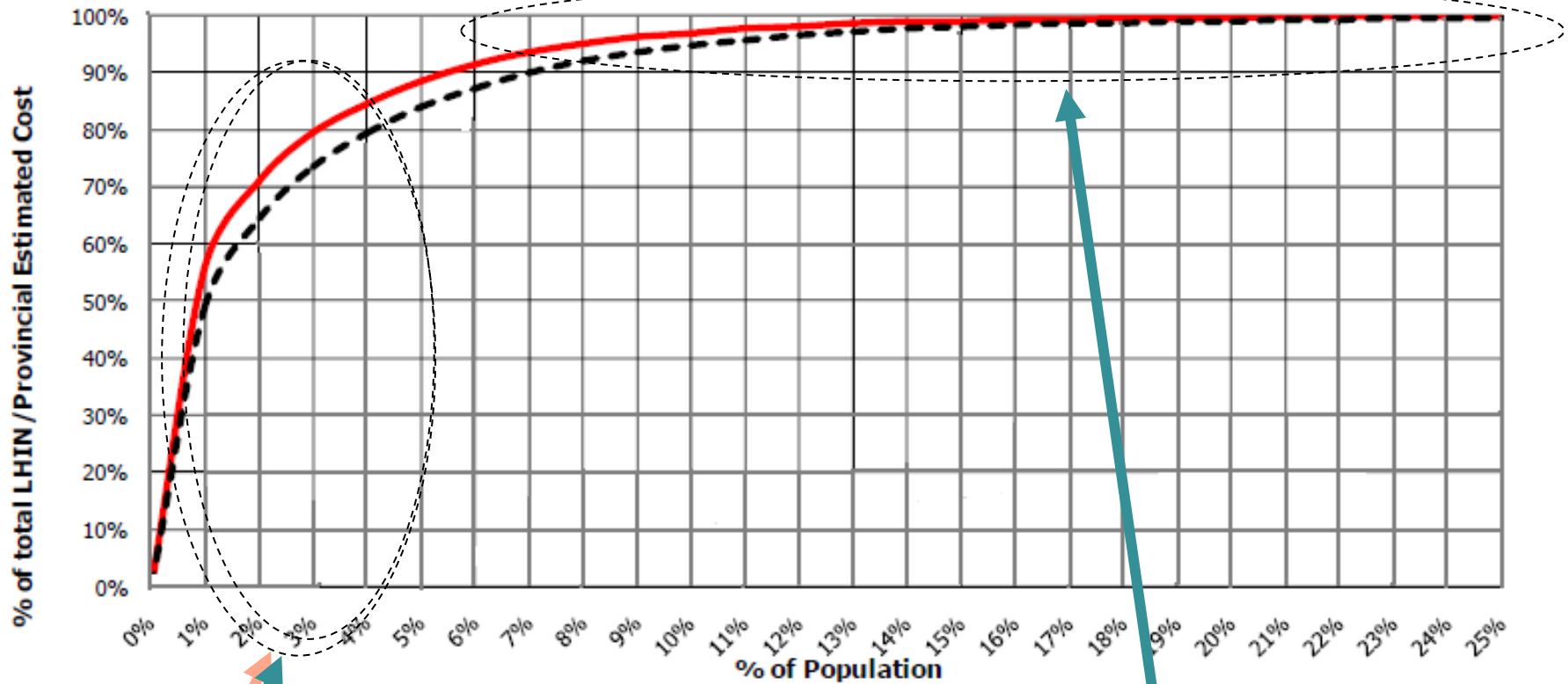
To achieve the health care system vision ....

*“A health care system that helps people stay healthy, delivers good care when people need it, and will be there for our children and grandchildren”*

.... through first getting results in a select number of areas that are catalysts for system change.

# The Essence of our IHSP-2 Strategy

Healthcare Estimated Costs Cumulative Distribution



**“Deliver good care when they need it”**  
 From servers  
 Medically fragile children  
 Individuals with

- Complex, chronic diseases
- Serious mental illness and addictions
- Life-threatening diseases or injuries

**“Help people stay healthy”**

# Five IHSP-2 Priorities

We will move towards our vision of ...

A health care system that helps people stay healthy, delivers good care when people need it, and will be there for our children and grandchildren

Drive system change, improve outcomes, and ensure sustainability through a focus on:



**ER Wait Times**

**Alternative Level of Care (ALC) Days**

**Diabetes**

**Mental Health and Addictions**

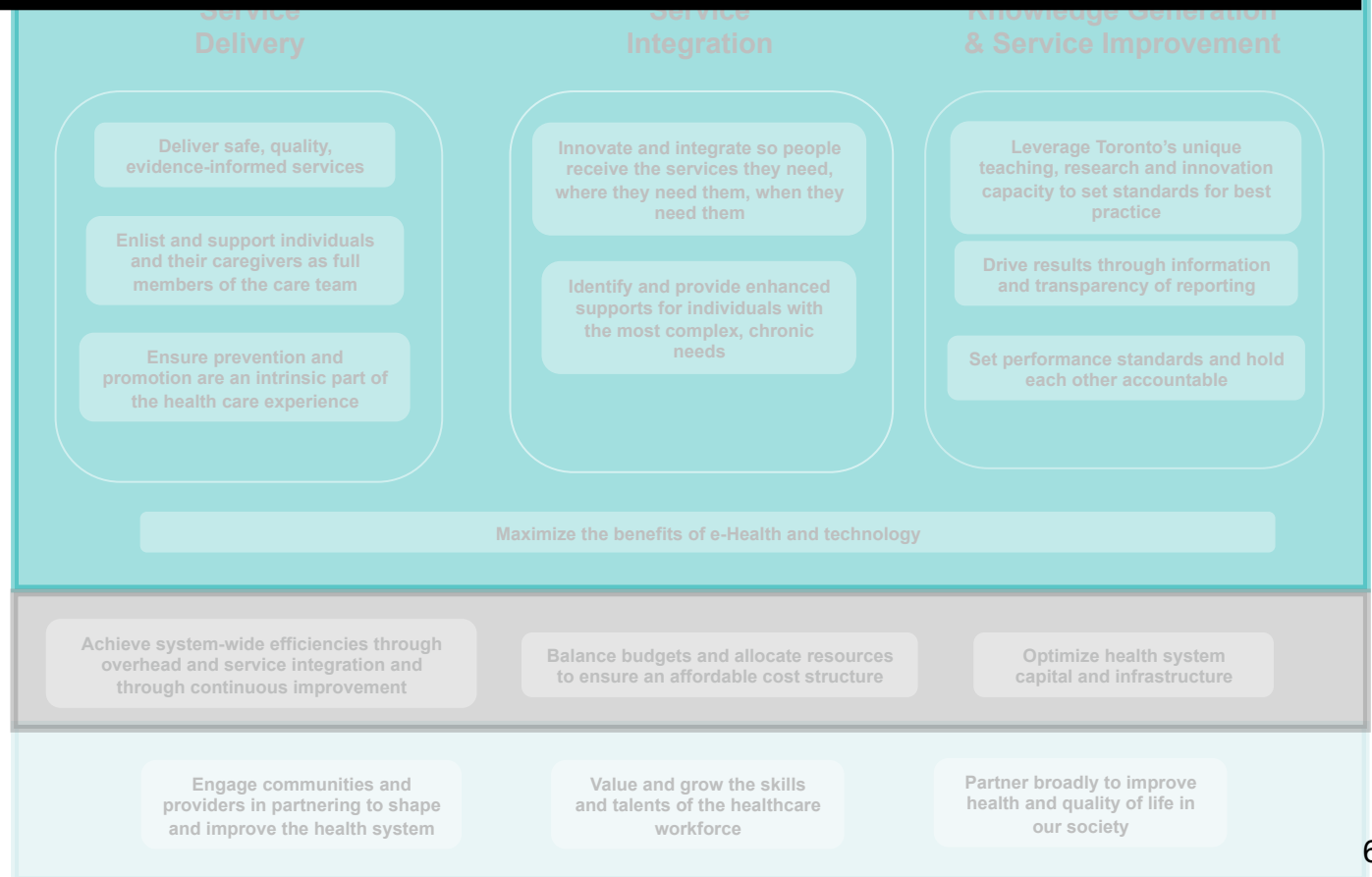
**Value and affordability**



To deliver, integrate, and improve services ...

And leverage our resources ...

We will work together as a system ...

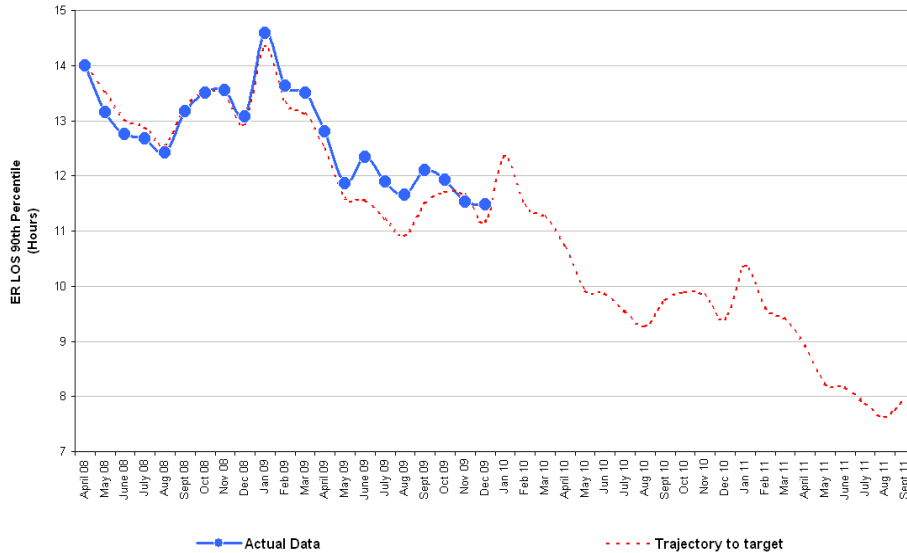


# The Transformation Potential of Our IHSP-2 Priorities

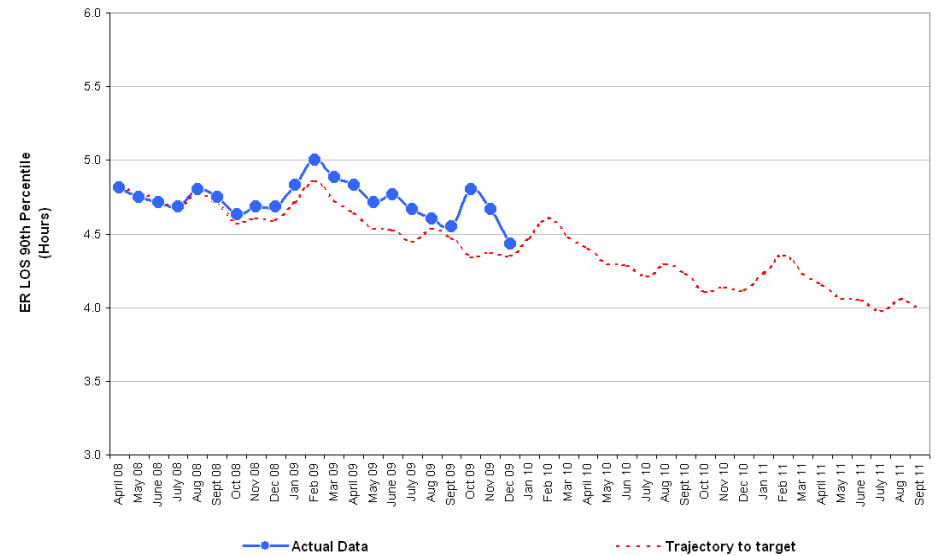
<b>Drive system change, improve outcomes, and ensure sustainability through a focus on:</b>	<b>ER</b>	<b>Strengthening connections to Primary Care</b> <b>Strengthening Performance Culture / Transparency</b>
	<b>ALC</b>	<b>Organizing Community Capacity</b> <b>Rethinking Roles of CCC, LTC, and Community</b> <b>Testing Intensive Case Management</b>
	<b>Diabetes</b>	<b>Organizing primary care and prevention and setting standards for care</b> <b>Patient / client engagement and empowerment</b> <b>Demonstrating the full potential of eHealth</b>
	<b>Mental Health and Addictions Services</b>	<b>Supporting the most Marginalized Populations</b> <b>Organizing Community Capacity and Setting Service Standards</b>
	<b>Value and Affordability</b>	<b>Stimulating Structural and funding changes across the system</b> <b>Fostering a Culture that Recognizes Value as an Ethical Goal</b>
	<b>eHealth</b>	<b>Creating information transparency and a sense of “system” for providers and consumers</b> <b>Enabling rethinking of established roles and processes</b>

# Trajectory analysis – Actual ER Length of Stay Trend vs. Trajectory

Time spent in the ER for Patients with complex conditions



Time spent in the ER for Patients with minor and uncomplicated conditions



- In December 2009, ER LOS for low acuity patients was or
- ER LOS for high acuity patients was just slightly above the trajectory target point (higher by 3.0%).
- Typical seasonality peaks are during winter months; seasonal lows are summer months.
  - We expect to see a significant increase in the January 2010 data based on seasonal trend.

# Time Spent in ER by CTAS – Pay for Results and Non-Pay for Results sites November 2009

ER Length of Stay 90th Percentile (hours): April 08 baseline vs November 09											
		All CTAS		CTAS I & II		CTAS III		CTAS IV		CTAS V	
		Volume	90th percentile	Volume	90th percentile	Volume	90th percentile	Volume	90th percentile	Volume	90th percentile
<b>46 Pay-for- Results Hospitals</b>	April 08	204,579	13.0	38,948	22.4	97,844	14.4	60,671	6.3	7,001	6.0
	November 09	220,769	10.7	41,410	19.9	110,214	11.2	62,843	5.6	6,049	4.7
	Net Change (hours)	16,190	-2.3	2,462	-2.5	12,370	-3.2	2,172	-0.7	-952	-1.3
	% Change	8%	-17%	6%	-11%	13%	-22%	4%	-11%	-14%	-22%
<b>82 Non - Funded Hospitals</b>	April 08	198,491	6.3	18,506	12.4	67,208	8.0	92,469	4.5	18,780	3.6
	November 09	188,444	6.3	20,410	11.1	68,773	7.4	85,003	4.5	11,750	3.7
	Net Change (hours)	-10,047	0.0	1,904	-1.3	1,565	-0.6	-7,466	0.0	-7,030	0.2
	% Change	-5%	-1%	10%	-11%	2%	-7%	-8%	0%	-37%	4%
<b>All ER Hospitals</b>	April 08	403,070	9.4	57,454	19.4	165,052	11.5	153,140	5.2	25,781	4.2
	November 09	409,213	8.6	61,820	17.1	178,987	9.6	147,846	5.0	17,799	4.1
	Net Change (hours)	6,143	-0.9	4,366	-2.3	13,935	-1.9	-5,294	-0.2	-7,982	-0.1
	% Change	2%	-9%	8%	-12%	8%	-16%	-3%	-5%	-31%	-3%

ER Length of Stay 90th Percentile (hours): November 08 vs November 09											
		All CTAS		CTAS I & II		CTAS III		CTAS IV		CTAS V	
		Volume	90th percentile	Volume	90th percentile	Volume	90th percentile	Volume	90th percentile	Volume	90th percentile
<b>46 Pay-for- Results Hospitals</b>	November 08	198,641	12.4	39,638	22.1	95,490	13.4	57,295	5.8	6,178	4.8
	November 09	220,769	10.7	41,410	19.9	110,214	11.2	62,843	5.6	6,049	4.7
	Net Change (hours)	22,128	-1.7	1,772	-2.2	14,724	-2.2	5,548	-0.3	-129	-0.1
	% Change	11%	-14%	4%	-10%	15%	-16%	10%	-4%	-2%	-2%
<b>82 Non - Funded Hospitals</b>	November 08	182,410	6.5	18,826	12.6	64,503	8.0	82,030	4.5	15,671	3.6
	November 09	188,444	6.3	20,410	11.1	68,773	7.4	85,003	4.5	11,750	3.7
	Net Change (hours)	6,034	-0.2	1,584	-1.5	4,270	-0.6	2,973	0.0	-3,921	0.1
	% Change	3%	-3%	8%	-12%	7%	-7%	4%	-1%	-25%	3%
<b>All ER Hospitals</b>	November 08	381,051	9.3	58,464	19.2	159,993	10.9	139,325	5.1	21,849	4.0
	November 09	409,213	8.6	61,820	17.1	178,987	9.6	147,846	5.0	17,799	4.1
	Net Change (hours)	28,162	-0.8	3,356	-2.1	18,994	-1.3	8,521	-0.1	-4,050	0.0
	% Change	7%	-8%	6%	-11%	12%	-12%	6%	-2%	-19%	1%

- ER LOS for Pay for Results sites decreased significantly in November 2009 compared to baseline April 2008 across all CTAS levels. For non-Pay for Results sites, there was no significant change in ER LOS for most CTAS levels.
- Compared to November 2008, overall ER LOS for Pay for Results sites decreased significantly in November 2009 (by 14% overall) despite the 11% increase in volume. This was primarily due to a significant improvement in CTAS I, II and III groups. Non funded sites saw a significant decrease in ER LOS only for the CTAS I & II group (by 12%) despite the 8% increased in volume.

# Time Spent in ER by CTAS – Pay for Results and Non-Pay for Results sites

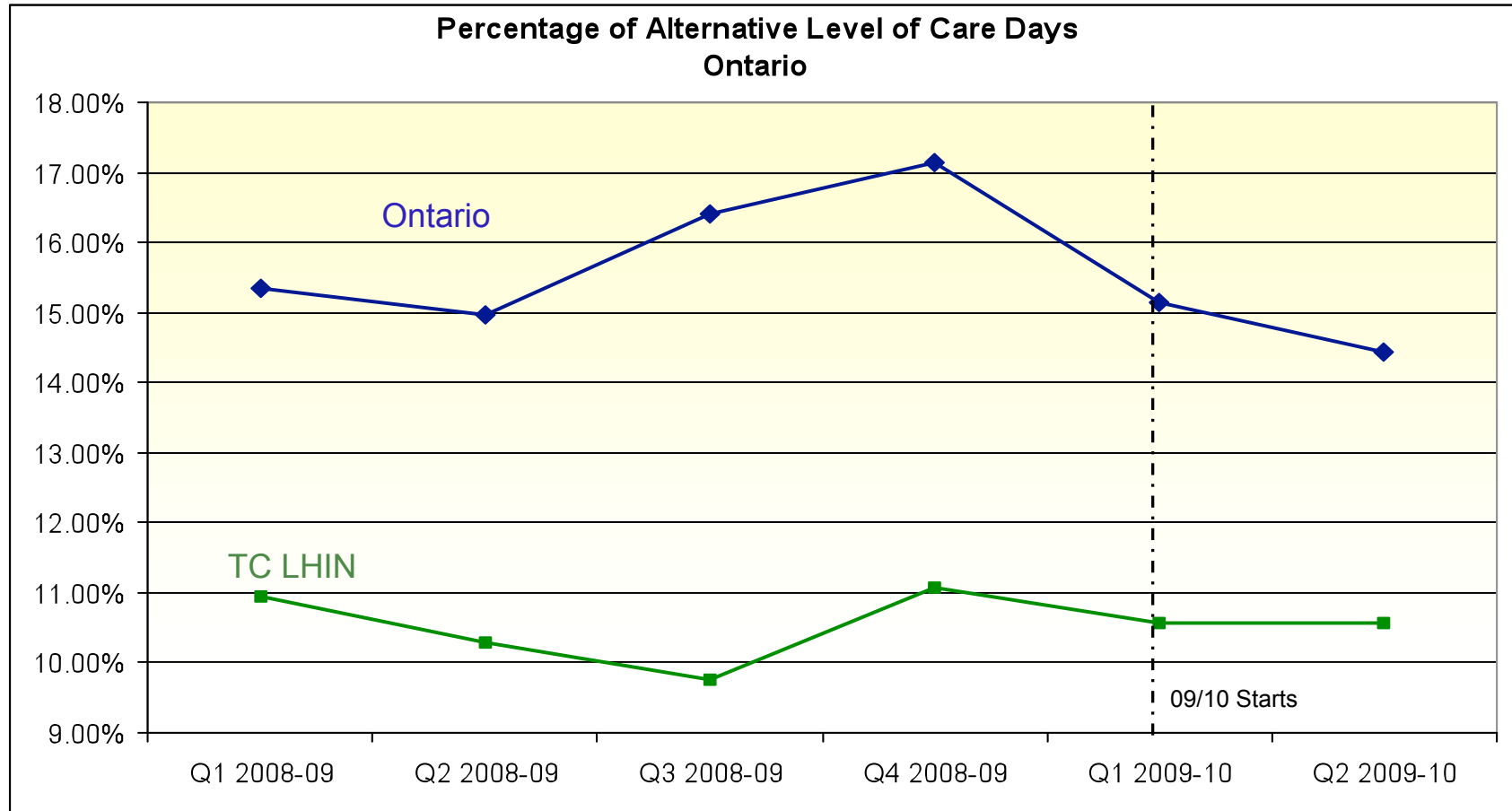
## December 2009

ER Length of Stay 90th Percentile (hours): April 08 baseline vs December 09											
		All CTAS		CTAS I & II		CTAS III		CTAS IV		CTAS V	
		Volume	90th percentile	Volume	90th percentile	Volume	90th percentile	Volume	90th percentile	Volume	90th percentile
<b>46 Pay-for- Results Hospitals</b>	April 08	204,579	13.0	38,948	22.4	97,844	14.4	60,671	6.3	7,001	6.0
	December 09	208,680	10.8	42,194	18.1	102,859	11.6	57,611	5.3	5,836	4.5
	Net Change (hours)	4,101	-2.3	3,246	-4.3	5,015	-2.8	-3,060	-1.0	-1,165	-1.6
	% Change	2%	-17%	8%	-19%	5%	-20%	-5%	-15%	-17%	-26%
<b>82 Non - Funded Hospitals</b>	April 08	198,491	6.3	18,506	12.4	67,208	8.0	92,469	4.5	18,780	3.6
	December 09	178,730	6.4	20,939	10.7	65,787	7.6	78,085	4.3	11,809	3.5
	Net Change (hours)	-19,761	0.1	2,433	-1.7	-1,421	-0.4	-14,384	-0.2	-6,971	-0.1
	% Change	-10%	1%	13%	-14%	-2%	-5%	-16%	-3%	-37%	-2%
<b>All ER Hospitals</b>	April 08	403,070	9.4	57,454	19.4	165,052	11.5	153,140	5.2	25,781	4.2
	December 09	387,410	8.6	63,133	15.5	168,646	9.8	135,696	4.8	17,645	3.9
	Net Change (hours)	-15,660	-0.8	5,679	-3.9	3,594	-1.7	-17,444	-0.4	-8,136	-0.3
	% Change	-4%	-8%	10%	-20%	2%	-15%	-11%	-8%	-32%	-8%

ER Length of Stay 90th Percentile (hours): December 08 vs December 09											
		All CTAS		CTAS I & II		CTAS III		CTAS IV		CTAS V	
		Volume	90th percentile	Volume	90th percentile	Volume	90th percentile	Volume	90th percentile	Volume	90th percentile
<b>46 Pay-for- Results Hospitals</b>	December 08	204,221	12.2	40,336	20.9	99,397	13.1	57,981	5.9	6,437	4.9
	December 09	208,680	10.8	42,194	18.1	102,859	11.6	57,611	5.3	5,836	4.5
	Net Change (hours)	4,459	-1.4	1,858	-2.8	3,462	-1.5	-370	-0.6	-601	-0.4
	% Change	2%	-12%	5%	-13%	3%	-12%	-1%	-9%	-9%	-8%
<b>82 Non - Funded Hospitals</b>	December 08	184,818	6.5	19,144	12.1	66,063	7.9	82,373	4.5	15,855	3.6
	December 09	178,730	6.4	20,939	10.7	65,787	7.6	78,085	4.3	11,809	3.5
	Net Change (hours)	-6,088	-0.1	1,795	-1.4	-276	-0.3	-4,288	-0.2	-4,046	-0.1
	% Change	-3%	-1%	9%	-12%	0%	-3%	-5%	-4%	-26%	-3%
<b>All ER Hospitals</b>	December 08	389,039	9.3	59,480	18.2	165,460	10.8	140,354	5.1	22,292	4.0
	December 09	387,410	8.6	63,133	15.5	168,646	9.8	135,696	4.8	17,645	3.9
	Net Change (hours)	-1,629	-0.6	3,653	-2.7	3,186	-1.0	-4,658	-0.3	-4,647	-0.1
	% Change	0%	-7%	6%	-15%	2%	-9%	-3%	-7%	-21%	-3%

- Compared to baseline April 2008, ER LOS for Pay for Results sites decreased significantly in December 2009 for all CTAS levels. ER LOS for non funded sites did not change significantly for most CTAS levels.
- ER LOS for Pay for Results sites decreased significantly in December 2009 compared to December 2008 (by 12% overall). Non funded sites saw a significant decrease in ER LOS only for the CTAS I & II group (by 12%) despite the 9% increased in volume.

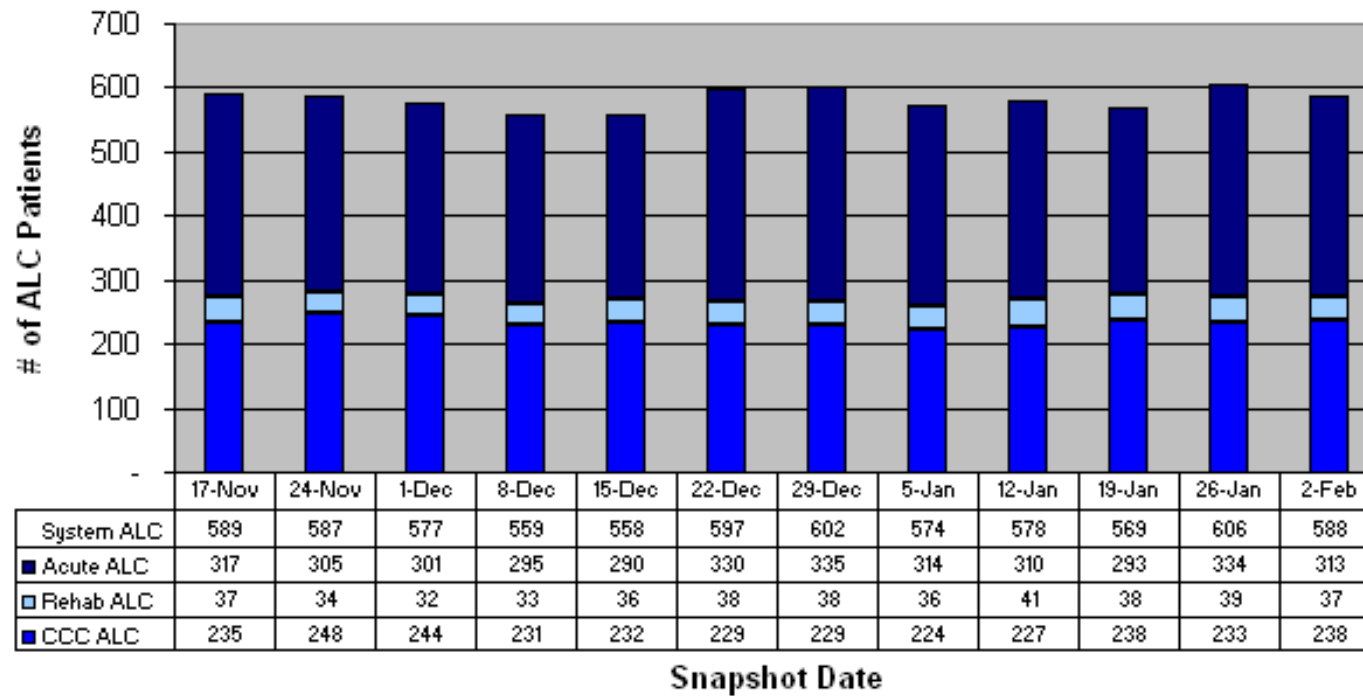
# % ALC Days Province vs. TC LHIN



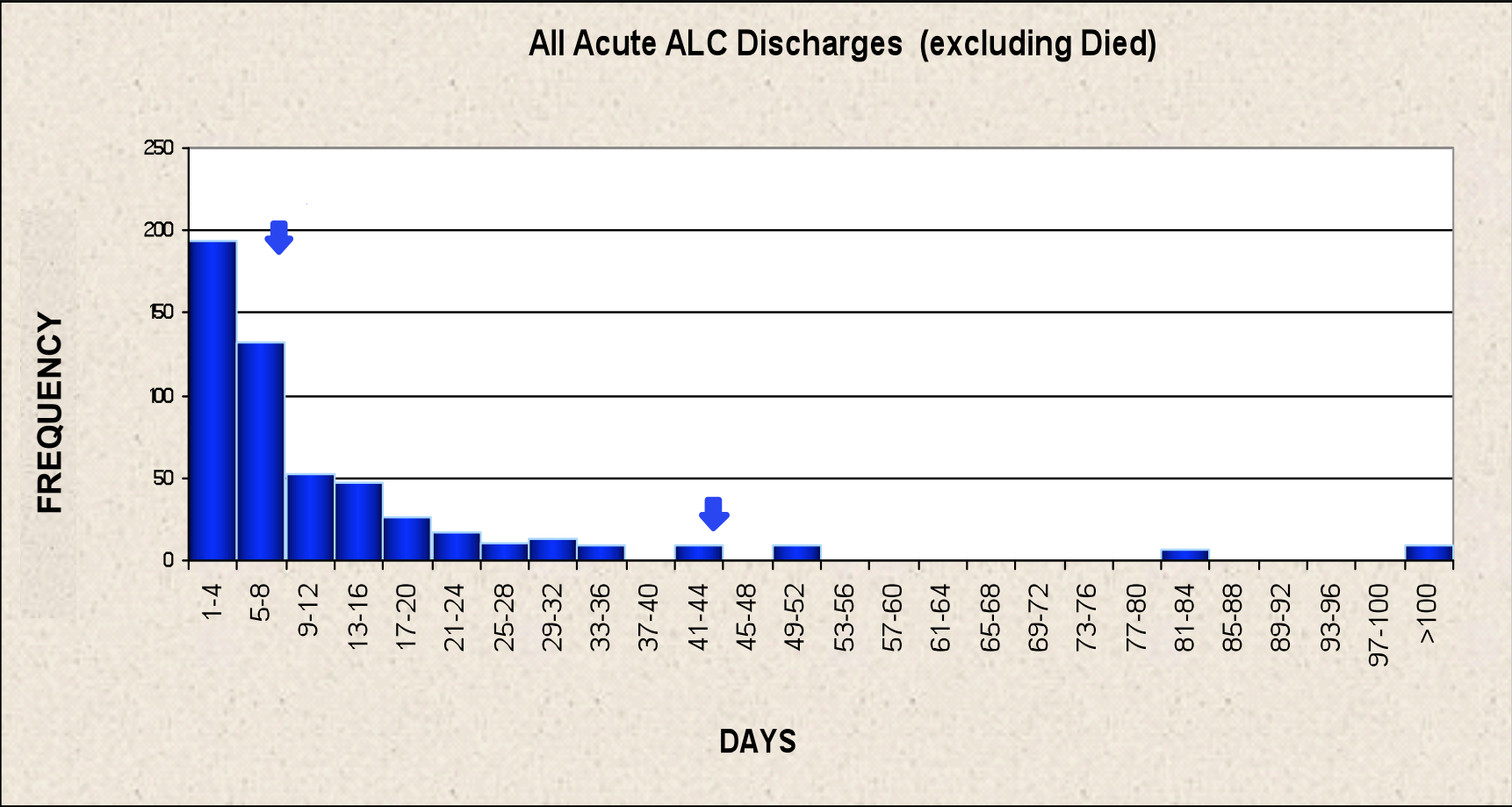
Source: CIHI DAD Interim File

# SIMS Weekly ALC Snapshot – Feb 2, 2010

System Total - ALC Patient Snapshot



# TC LHIN – Acute ALC Discharges by LOS



Source: ATC Interim ALC Upload Tool - November 2009

# Resource Matching and Referral

## Matching patients/clients with the right care

User: **Seaton, Terra**  
Acting on behalf of:  
**TGH - 13 ES General Medicine**

Client: **LHIN, Rehab Demo**  
Birthdate: **Jan 01, 1940**  
OHIP: **999999999 XX**

**PathWays**  
Referral

[Main Page](#) > [Referrals and Profiles](#) > Referrals

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**Please select service provider(s).** Legend

Client does not match   Short wait (0-6 days)   Moderate wait (7-30 days)   Long wait (31+ days)   *Static service provider*

Selected provider   ? Referral is pending   ✓ Referral is accepted   ✗ Referral is denied   ▾ Subcategory

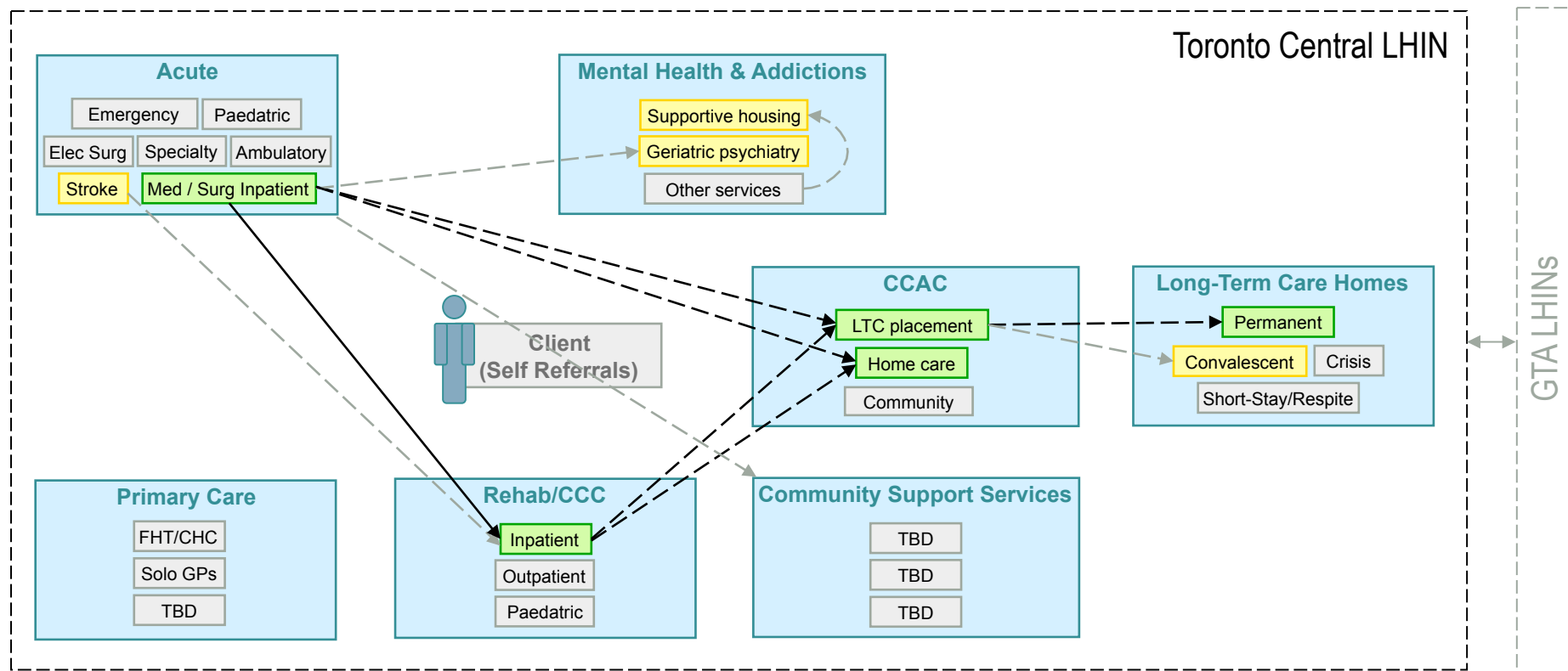
Rehab	CCC
ABI ▾	General CCC Services ▾
Amputee ▾	Palliative Care ▾
Cardiac ▾	Dialysis Services ▾
Chronic Ventilation ▾	Neuro Complex Care ▾
General / Medical ▾	Bridgepoint Complex Care - Medical Activation

**System Implementation Status:**

- Acute medical and surgical units (6 sites);
- Rehabilitation/Complex Continuing Care (8 sites);
- Toronto Central Community Care Access Centre;
- Long Term Care Homes (38 of 38 Homes);
- Expansion to community and convalescent care will commence in 2010

# Reaching Critical Mass: Current RM&R scope and implementation progress in Toronto Central LHIN

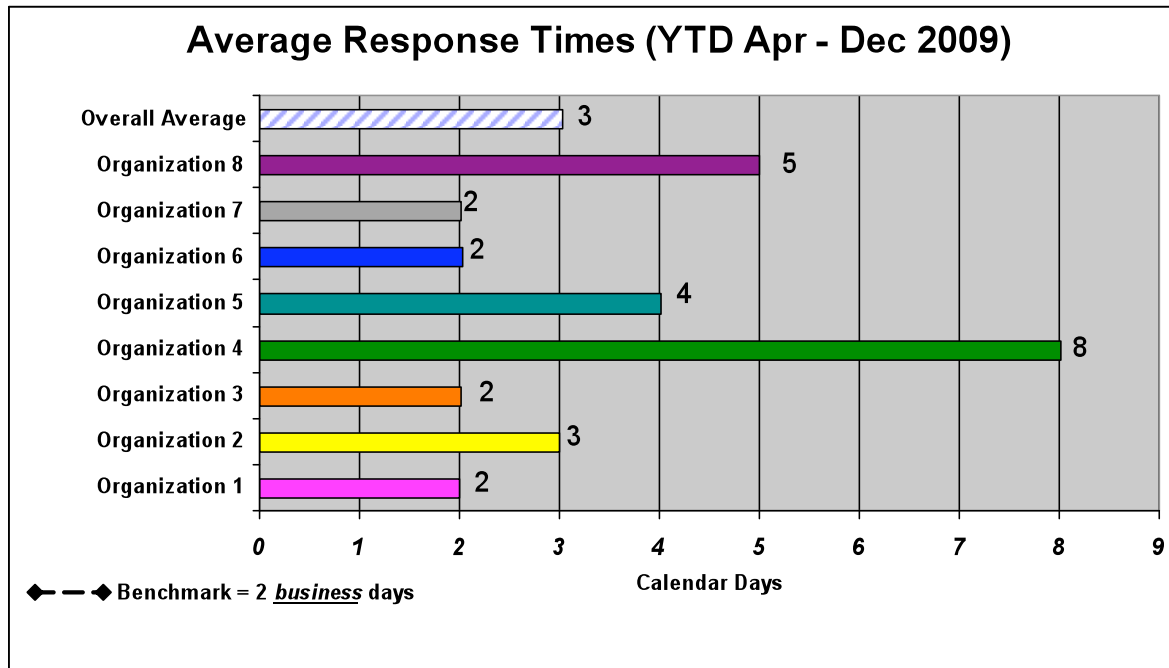
(Program/Service-Level Matching)



SCOPE		IMPLEMENTATION STATUS	
<span style="background-color: #90EE90; border: 1px solid black; display: inline-block; width: 20px; height: 10px;"></span>	Current scope	<span style="border-bottom: 1px solid black; display: inline-block; width: 20px;"></span> →	Implemented
<span style="background-color: #FFFF00; border: 1px solid black; display: inline-block; width: 20px; height: 10px;"></span>	09/10 scope	<span style="border-bottom: 1px dashed black; display: inline-block; width: 20px;"></span> →	Implementation in progress
<span style="background-color: #D3D3D3; border: 1px solid black; display: inline-block; width: 20px; height: 10px;"></span>	Future scope (timing TBD)	<span style="border-bottom: 1px dashed gray; display: inline-block; width: 20px;"></span> →	Scoping in progress

*Bed-level and/or Service unit-level Matching is not contemplated in the above diagram*

# Rehab/CCC Referral Response Times (RMR)



*Response Time = Date referral sent to date of 1st response.*

## **Denial of Referrals: (August – December 2009)**

- Approximately 20 – 24% of referrals across all programs are denied.
- Most frequent reasons for denial of referrals by all programs: “medical needs cannot be accommodated - other” and “not rehab ready”

## **Top Special Need Requests of Clients With Referrals Denied by All Organizations:**

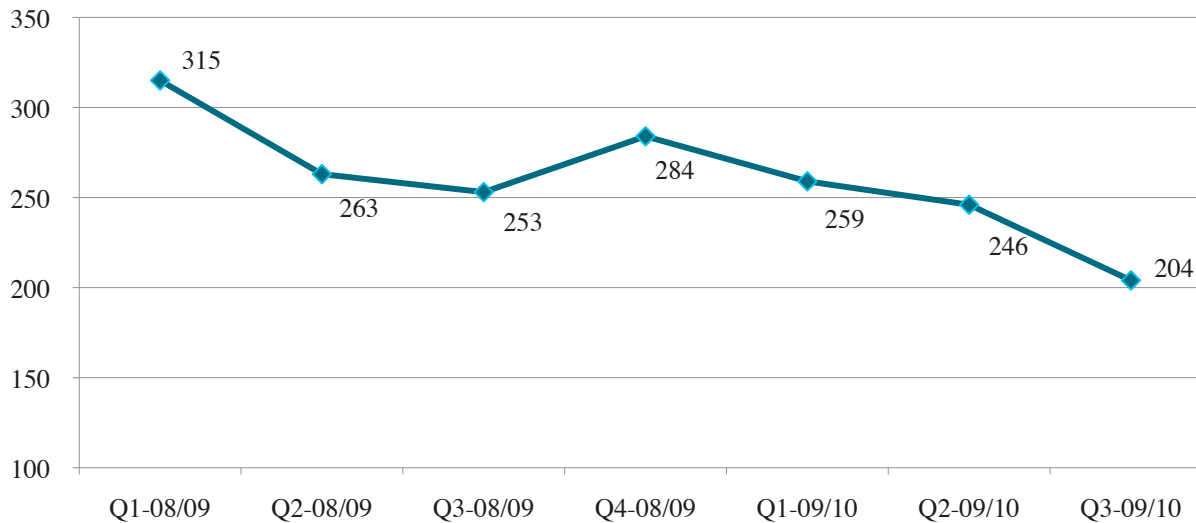
- HTSD: Skin Condition, Equipment, IV
- LTLD: Skin condition, IV, Enteral Feeds, Equipment, Oxygen
- CCC: Equipment, Oxygen, Behavioural Issues, Skin condition, Enteral Feeds, IV

# Performance Goal: Fewer Clients Being Designated ALC

*The metric: Number of LTC applications from acute hospitals is an indicator of our ability to foster culture change in hospital and a leading indicator of ALC*

*Results: Nearly 30% reduction in applications from hospital over Q4 2008  
Last quarter, 42 fewer clients made their decision about LTC from hospital*

**LTC Placement Applications from Acute Hospitals**



*Better for clients:*

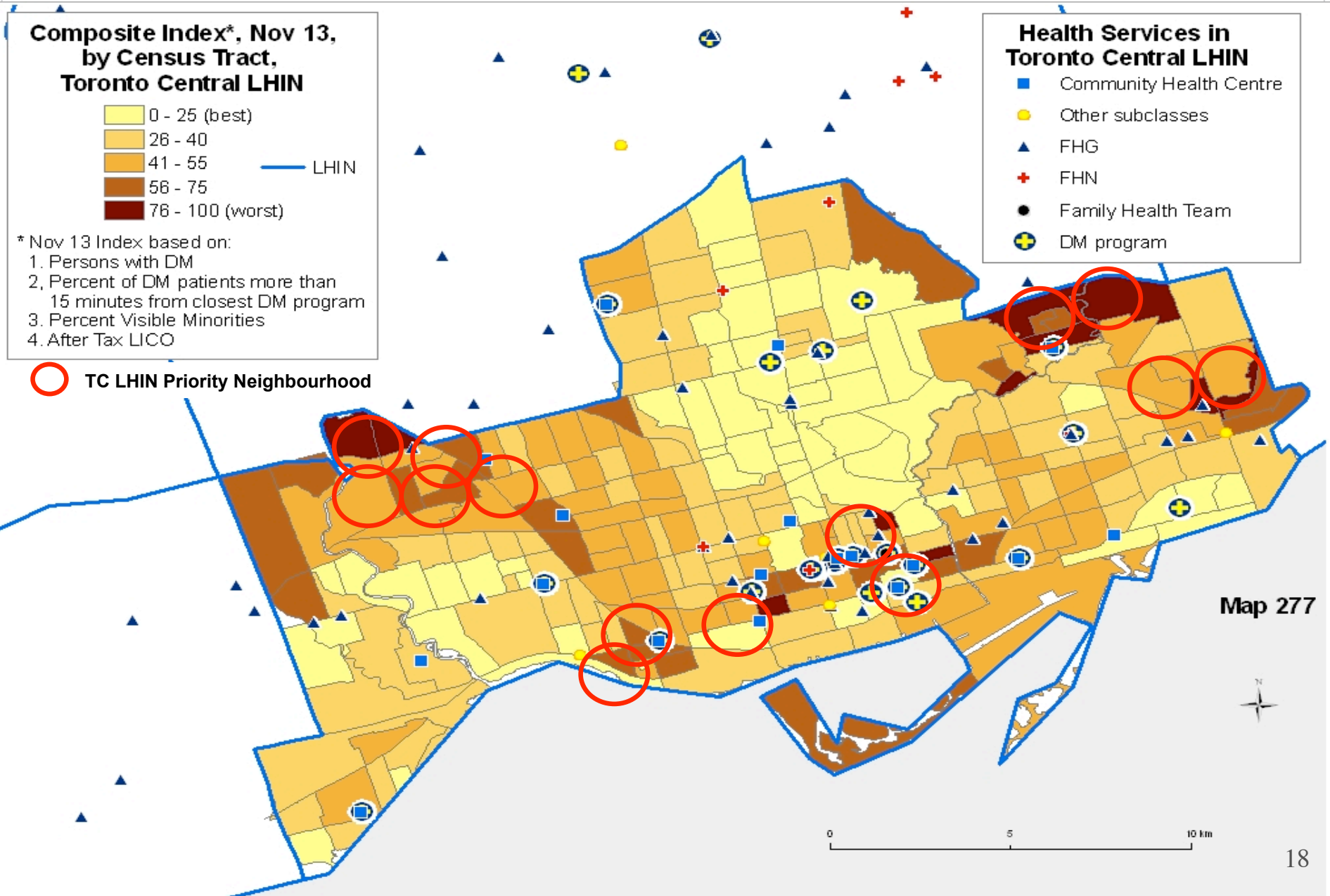
- Fewer clients making LTC decisions from hospital
- Greater support to stabilize in the community before considering LTC as an option

*Better for the system:*

- Fewer patients waiting in hospital for LTC
- Better hospital patient access and flow

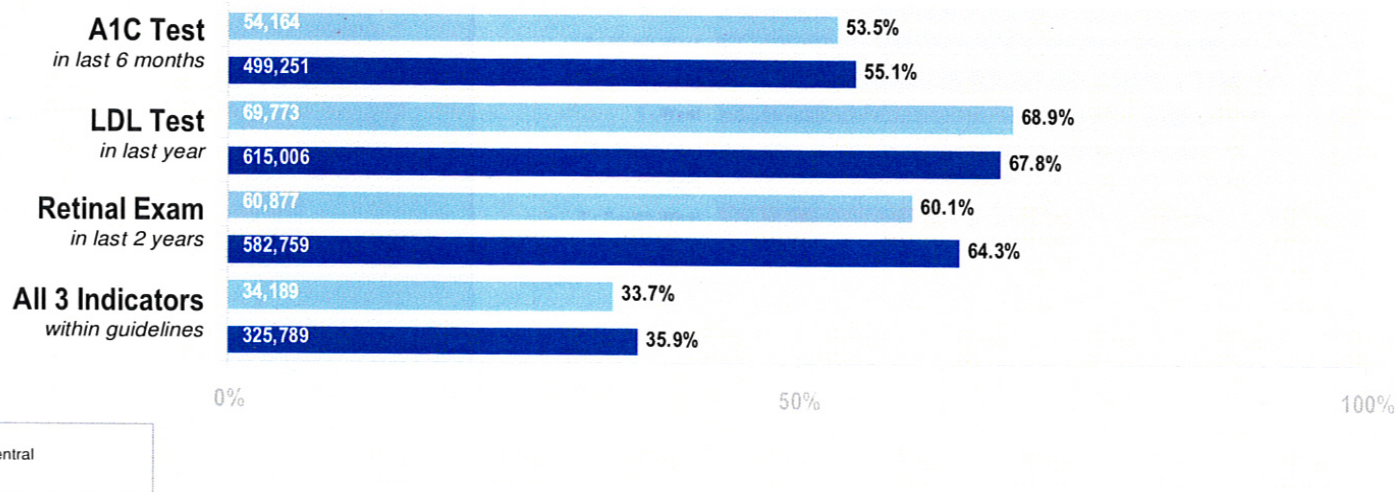
◆ LTC Placement Applications from Acute Hospitals

# The incidence of diabetes is pronounced in specific neighbourhoods



# Baseline Diabetes Dataset Initiative - Insights

<b>101,319</b>	<b>individuals living with diabetes</b> identified in Toronto Central as of March 1, 2009
906,577	individuals living with diabetes identified in Ontario as of March 1, 2009



Indicator Definitions	
<b>Individuals living with Diabetes</b>	Number of individuals with at least 2 OHIP claims with a Diabetes Mellitus diagnosis (ICD9: 250) or at least 1 diabetes management claim between April 1, 2004 and March 1, 2009.
<b>A1C Test in Last 6 Months</b>	Number of individuals with diabetes who have had a lab test done to measure blood sugar control. This test should be done at least once every 6 months.
<b>LDL Test in Last Year</b>	Number of individuals with diabetes who have had a lab test done to calculate the level of 'bad' cholesterol. This test should be done at least once every 12 months.
<b>Retinal Eye Exam in Last 2 Years</b>	Number of individuals with diabetes who have had an eye exam to check for vessel damage that could lead to blindness. This exam should be done at least once every 24 months.
<b>All 3 Indicators within guidelines</b>	Number of individuals with diabetes who have had an A1C test in the last 6 months, an LDL test in the last year and a retinal eye exam in the last 2 years.

Notes
<ul style="list-style-type: none"> <li>The Diabetes Care Report is based on information from the Ontario Health Insurance Plan (OHIP) Claims History Database.</li> <li>Report completeness and accuracy is limited by the information reported to OHIP.</li> <li>Some Ontarians with diabetes do not receive health services through OHIP and may not be identified. This includes some Aboriginal people; military personnel and veterans; members of the RCMP; and prison inmates.</li> <li>A limited number of A1C and LDL tests and retinal eye exams are not reported to OHIP.</li> <li>For more information on this report and eHealth Ontario's commitment to supporting diabetes care for all Ontarians, please see the appendix.</li> <li>1604 individuals living with diabetes in Ontario could not be matched to a LHIN and were omitted from the analysis.</li> <li>1973 individuals living with diabetes in Ontario that were matched to a LHIN but not matched to a subLHIN planning area were omitted from the analysis.</li> </ul>

# TC LHIN Diabetes Program

*Improve the prevention, management  
and treatment of diabetes*

## **Expand services:**

Wave 1: three new diabetes education programs for TC LHIN implemented in November 2009

- South Riverdale Community Health Centre
- LAMP Community Health Centre
- New Heights Community Health Centre

Wave 2: 18 new teams announced for Ontario by June 2010

Wave 3: 18 new teams announced for Ontario by December 2010

**Implement a TC LHIN Regional Diabetes Coordinating Centre**, to be operational by April 2010.

Goal: Ensure integrated service delivery that spans the continuum of care and to monitor regional performance against the regional metrics.



# On the Road to Improvement of the Referral Process

## Short-term Objectives

- Understand and define the current state of referrals from ED to CCAC and Community sector
- Support the organization of the Community sector to receive referrals from the ED
- Plan for progression of the CSS, CHC and CMHA agencies on the seven step RM&R model



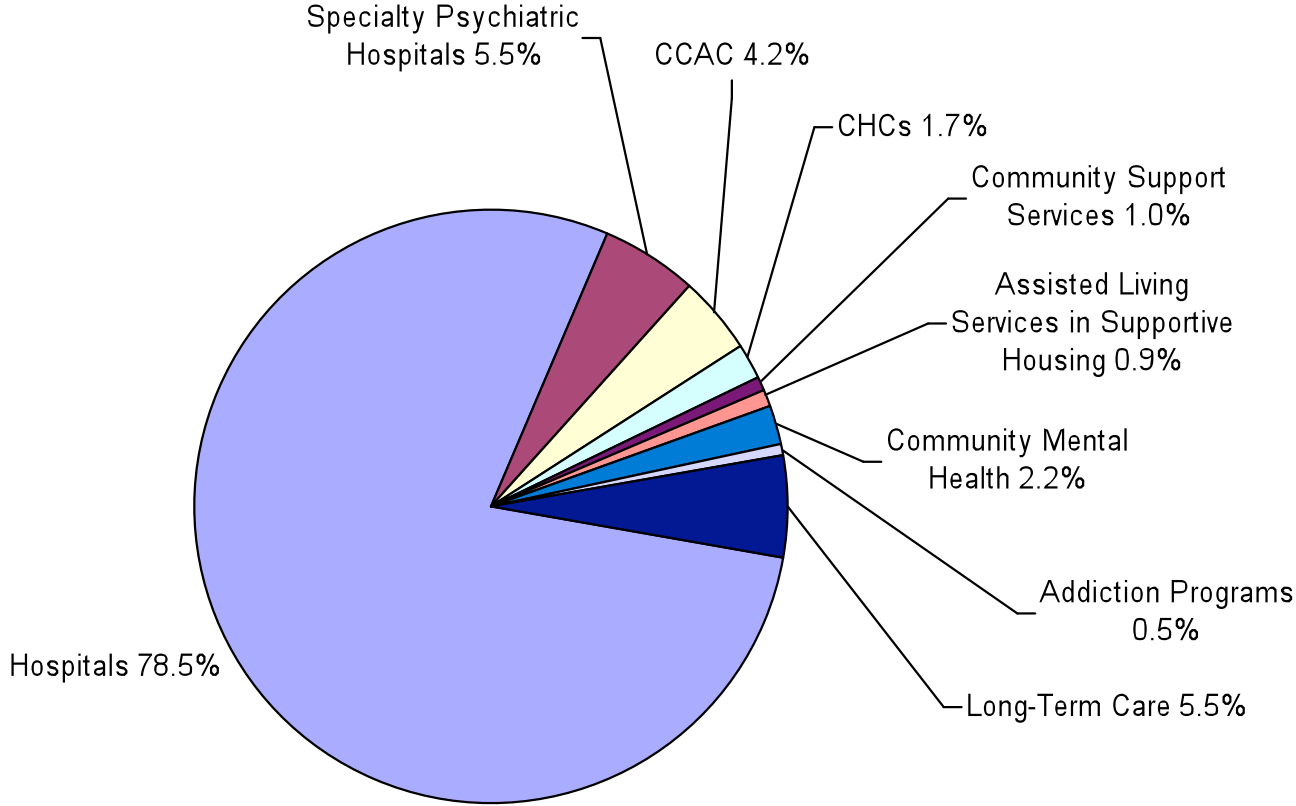
## Planned Deliverables

- Draft Minimum Data Set
- Process Flows
- Stakeholder Engagement
- High Level Requirements
- Site Analysis
- Implementation Approach

## Over the next three years we will:

- **Implement** a provincially endorsed community mental health common assessment tool (OCAN) in targeted mental health services
- **Test and evaluate** population-specific integrated care initiatives that build on existing investments
  - Initial focus on the needs of most complex and intense service users of ER and of withdrawal management services
- **Enhance data collection and utilization** in mental health and addictions programs and services to support evidence-informed decision making.

# The Toronto Central LHIN currently spends over \$4B annually on health services



Source: LHIN Budget 08/09

# Select Initiatives Underway to Increase Value and Affordability

- Checklist developed listing clinical efficiency initiatives implemented across TC LHIN hospitals
- Expectation of initial savings through internal efficiencies
- Exploration of clinical efficiency/utilization opportunities in hospitals
- Exploration of integrated models of care for specific populations
- Reducing indirect costs
  - Hospital – shared pharmacy services and lab services
  - Community Health Centres – joint purchasing of medical supplies
  - Integration of human resources, occupational health, and training and development programs among four community health organizations and one hospital
  - Integration of IT services among community mental health and addiction agencies

# Health Equity

## Accomplishments

- All 18 hospitals submitted Health Equity Plan
- Wellesley Institute developed a health equity assessment tool
- LHIN-wide language and interpretation model
- Confirm equity indicators
- Initiate health equity planning process with community sector



# Our Vision

To achieve the health care system vision ....

*“A health care system that helps people stay healthy, delivers good care when people need it, and will be there for our children and grandchildren”*

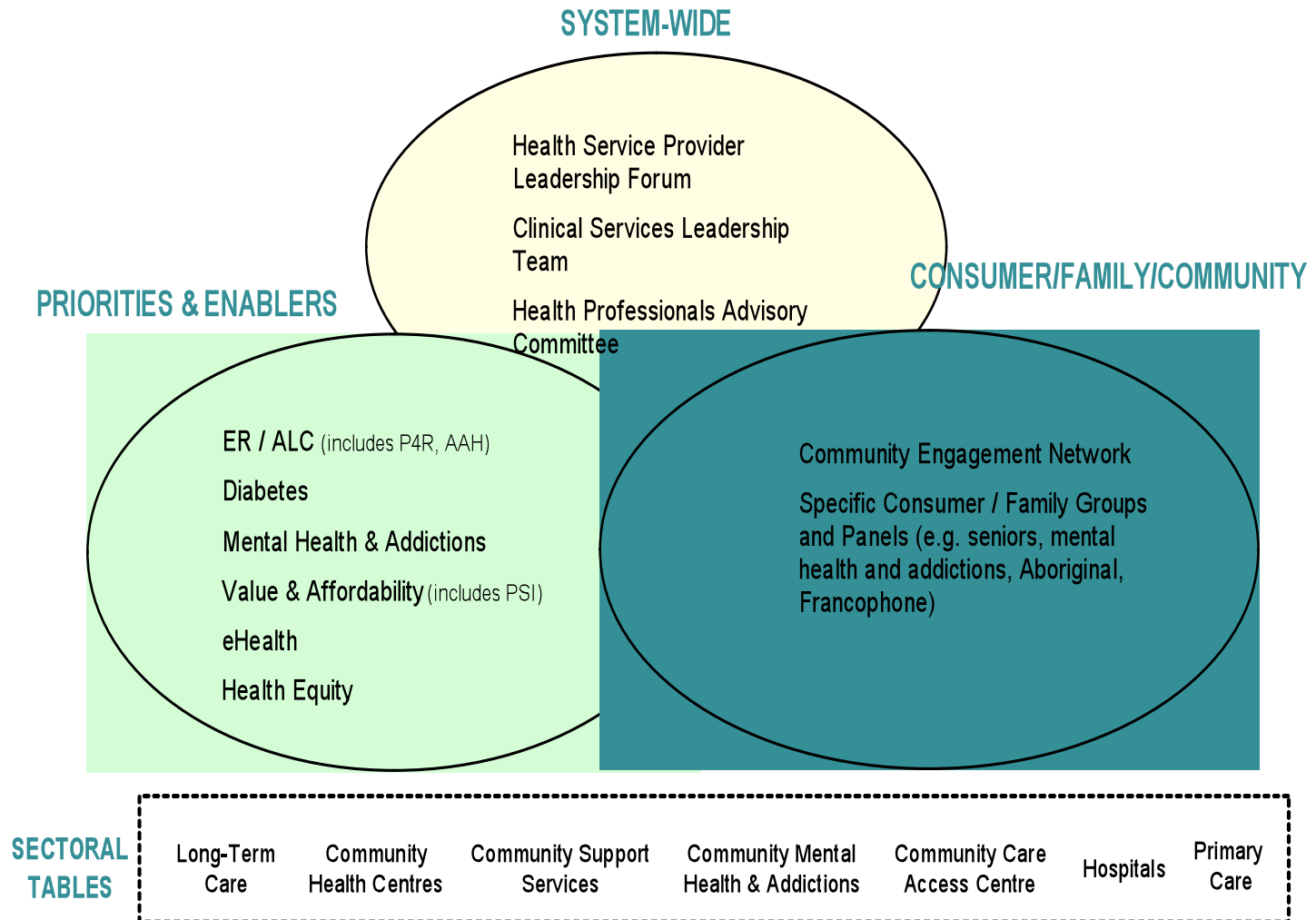
.... through first getting results in a select number of areas that are catalysts for system change.

# Levers

- Adjunct Funding
- Discretionary Funding (UPF, Aging at Home, ER P4R, surplus)
- Transparency
- Accountability Agreements (& amendments)
- Integration Orders/Legislative Powers

# Making It Happen – Engagement Processes and Structures

## Main Formal Structures



# TC LHIN Board of Directors Scorecard - MLAA Performance

Q3 2009-10					Actual Values				
Performance Indicator	TC LHIN Performance Compared to:			Trend Against Previous Period	TC LHIN Performance (YTD)	MLAA Target 2009/10	Provincial Target 2009/10	Provincial (All LHINs) Performance	
	MLAA Target	Provincial Target	All LHINs (Provincial)						

**Patient Access & Outcomes** (Data: Year to date Values April 2009 - October 2009)

Cancer			67 days	53 days	84 days	63 days
Cataract			98 days	100 days	182 days	116 days
Joint Replacement: Hip			130 days	124 days	182 days	166 days
Joint Replacement: Knee			140 days	128 days	182 days	178 days
Diagnostic Imaging: MRI			114 days	91 days	28 days	115 days
Diagnostic Imaging: CT			41 days	60 days	28 days	43 days
Cardiac: Bypass (Target Met, LHIN to monitor)			41 days	N/A	182 days	58 days

**System Integration** Data: Median Time to LTC Placement and Percent ALC Days (Q1 2009-10)

Percentage of Alternate Level of Care (ALC) Days			10.96%	8.80%	9.46%	N/A
Median Time to LTC Placement			78 days	77 days	50 days	N/A

**Emergency Room Wait Times: ER Data** (YTD April 2009 - August 2009) Please note Quarterly Performance Targets are TC LHIN Proposed and based on Annual MLAA Targets

	TC LHIN Quarterly	Provincial Target	All LHINs (Provincial)		YTD Performance	Projected Q2 Target	Provincial Target 2009/10	Provincial Performance
Proportion of ER Patients Admitted within LOS target					26.00%	28.00%	45.00%	42.00%
Proportion of ER Non Admitted High Acuity Patients treated within respective LOS target					73.00%	77.00%	88.00%	83.00%
Proportion of ER Non Admitted Low Acuity Patients treated within LOS target					73.00%	76.00%	88.00%	85.00%

**Wait Times TC LHIN Performance = Year-to-date value of April 2009 to October 2009.**

**LEGEND:**

= Meeting or exceeding the target.  
 = Worse than target, but within corridor. Need to monitor.  
 = Worse than target, beyond corridor. Need to investigate.

**ER MLAA Targets:**  
 = Meeting or Exceeding Quarterly Target  
 = Worse than Quarterly Target

**Trend Against Previous Period = Current period compared against past period reported.**  
 = Performance Improving.  
 = Performance Getting Slightly Better or Worse (<10%).  
 = Performance Getting Worse (>10%).  
 = No Change from previous reported period

# The future of Performance Management in Community Sector

## - an example

### TC LHIN Management Scorecard -Community Mental Health and Addictions Wait Times Summary

January 2010-06

Current Period: December 2009

A: Mental Health Services (ConnexOntario Data: January 2010)

	LHIN Year to-Date				LHIN Current Period				Provincial Current Period				LHIN Current Period vs Previous Period
	Total all Programs	Males	Females	Undifferentiated	Total all Programs	Males	Females	Undifferentiated	Total all Programs	Males	Females	Undifferentiated	
<a href="#">Abuse Service</a>	28		28		27		27		17	1	17	17	▲
<a href="#">Assertive Community Treatment Team</a>	232			232	241			241	70			70	▲
<a href="#">Case Management</a>	21		6	25	40		27	42	31	91	27	30	▲
<a href="#">Counselling and Treatment</a>	91		131	21	72		145	26	33	34	144	31	▼
<a href="#">Crisis Intervention</a>	0			0	0			0	0			0	■
<a href="#">Diversion and Court Support</a>	0		0	0	0		0	0	5		0	5	■
<a href="#">Early Intervention</a>	39			39	70			70	6			6	▲
<a href="#">Health Promotion and Education - Awareness</a>	0			0	0			0	0			0	■
<a href="#">Primary Day/Night Care</a>	16			16	17			17	24			24	■
<a href="#">Short-Term Crisis Support Beds</a>	12		12		16		16		3	2	4	3	▼
<a href="#">Support Within Housing</a>	329	90	645	290	438	213	626	416	350	268	409	347	▲
<a href="#">Vocational / Employment</a>	0			0	0			0	57			57	■

# The future of Performance Management in Community Sector - an example

## TC LHIN Management Scorecard -Community Mental Health and Addictions Wait Times Summary

January 2010-06

Current Period: December 2009

### B: Substance Abuse Services (ConnexOntario Data: January 2010)

	LHIN Year to-Date				LHIN Current Period				Provincial Current Period				LHIN Current Period vs Previous Period
	Total all Programs	Males	Females	Undifferentiated	Total all Programs	Males	Females	Undifferentiated	Total all Programs	Males	Females	Undifferentiated	
Case Management	0			0	0			0	40			40	▲
Community Day / Evening Treatment	11	13	6	13	12	8	7	14	14	10	20	12	▼
Community Treatment	7	4	1	11	8	4	2	11	20	11	13	22	▲
Community Withdrawal Management Level 2	2	2	2	2	2	1	1	3	1	1	1	1	▲
Initial Assessment / Treatment Planning	13	17	12	13	9	13	3	13	15	10	15	15	▼
Residential Supportive Treatment Level 1	26	33	16		24	31	14		27	27	36	11	▲
Residential Supportive Treatment Level 2	2	2			0	0			20	19	23		▲
Residential Treatment	43	41	43	46	56	82	35	49	46	42	57	36	▼

### C: Problem Gambling Services (ConnexOntario Data: January 2010)

	LHIN Year to-Date				LHIN Current Period				Provincial Current Period				LHIN Current Period vs Previous Period
	Total all Programs	Males	Females	Undifferentiated	Total all Programs	Males	Females	Undifferentiated	Total all Programs	Males	Females	Undifferentiated	
Community Day / Evening Treatment	37		37		74		74		21		74	14	▲
Community Treatment	12		18	9	11		20	10	13		20	13	▼
Initial Assessment / Treatment Planning	12		16	10	12		20	10	8		21	8	▼
Residential Treatment	47		47		72		72		58	60	67	44	▲

# Measuring Success: *The Lived Experience* *Voices from the LHIN*



*“The STOP project is about meeting people where they live, which helps us to identify problems, including health issues, and putting them in touch with the health services and community support they need.”*

Karen Edwards, outreach working with the  
Community Resource Connections of Toronto

Since February 2009, STOP has helped  
100 seniors.



*“Instead of service users having to navigate a very unclear system to try to get access to services, this project creates a more equitable system that is transparent and allows consumers to understand the system.”*

Terry McCullum, CEO, LOFT Community Services

# Where to from here

## Breakfast with the Chiefs

Matthew Anderson  
Chief Executive Officer

February 11<sup>th</sup>, 2010