



**ALC Resource Matching & Referral  
Provincial Reference Model  
*Performance Management  
Framework***



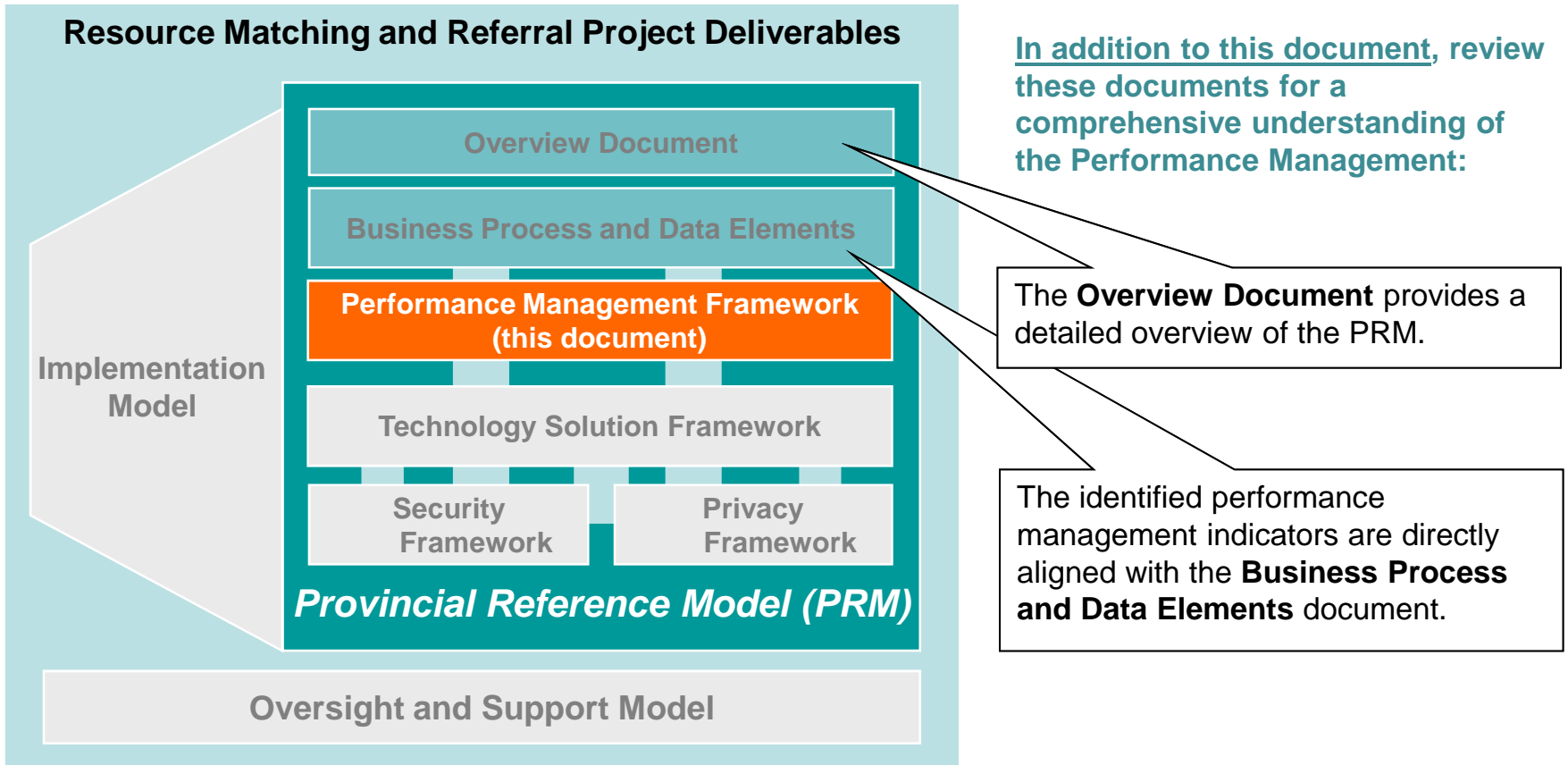
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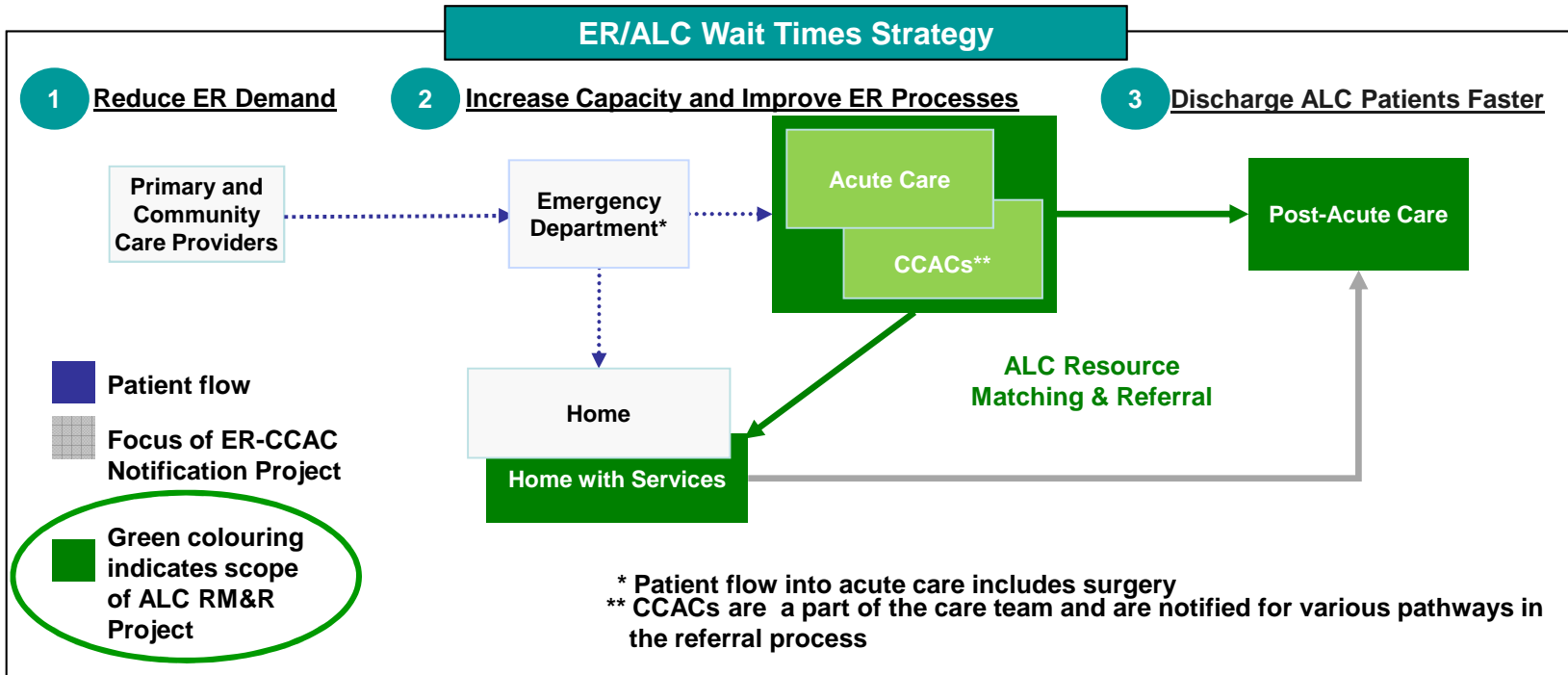
## Orientation to the Provincial Reference Model (PRM) Deliverables

*All components of the PRM are integrated and interdependent. As a result, it is recommended that the reader of this document should review other components of the PRM to ensure a comprehensive understanding of the Performance Management Framework.*



# Project Scope

**The Alternate Level of Care (ALC) Resource Matching & Referral (RM&R) project focuses on referrals from the acute to post-acute setting for four specific pathways\* and will serve as the foundation for additional pathways in the future.**



**The ALC RM&R project consists of four in-scope post-acute care destinations:**

- Acute to Rehab
- Acute to Long-Term Care (LTC)
- Acute to Complex Continuing Care (CCC)
- Acute to In-home Services

## RM&R Project - Guiding Principles

*The following guiding principles have served as a foundation for the overall RM&R project.*

### RM&R Guiding Principles

#### General

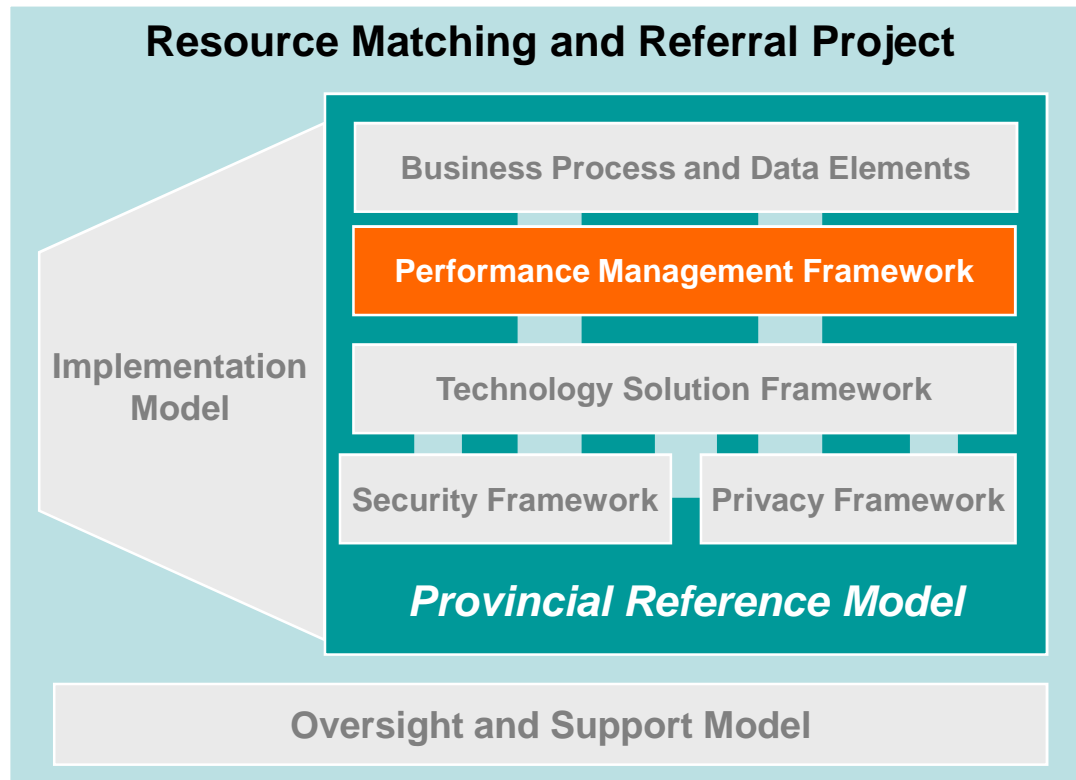
- The PRM will be outcomes-focused, identifying “what” needs to occur, and leave the “who” and “how” to LHINs/LHIN clusters.
- The PRM will not be tailored to a specific application, but will focus on the functionality required to support the future state of RM&R.
- The outcome of this initiative will be focused on reducing the ALC component of patients’ wait times and increasing patient throughput; however, the model will also be flexible to adapt to other types of referrals over time.

#### Implementation

- LHINs will be accountable for implementation results.
- LHINs/LHIN clusters will determine the most appropriate approach to implementation of RM&R solutions within their areas, including clustering and software selection.
- LHINs must be aligned to the PRM as they implement RM&R solutions.

## Objectives

***The RM&R PRM includes five distinct components.\* This document details the main recommendations from the Performance Management Framework.***



- The objective of the Performance Management Framework is to:
  - Construct indicators that align to the business processes of the referrals for the four pathways in-scope of the PRM

**\*The PRM is supported by the Implementation Model to enable LHINs to implement RM&R solutions and the internal Oversight and Support Model to support the ongoing RM&R project.**

## Context for Understanding Performance Management Framework

*The recommended Performance Management Framework, as described in this document, has been developed through extensive stakeholder consultations.*

### Context

- The **indicators** described in this document currently **apply to the four in-scope pathways** but were defined such that they **can be adapted** to other post-acute care destinations as eReferral expands to other destinations, such as mental health.
- The **indicators** described in this document should be considered as a **set of recommendations** that have been validated through consultations with LHINs, CCACs and hospitals to ensure that they aptly measure the RM&R process.
- The recommended indicators are expected to **measure improvements in referral efficiency and ALC wait times**; both are benefits associated with implementing RM &R solutions.
- The indicators developed were not limited to those that could be directly derived from a RM &R solution, a more global view of **performance measures was taken to ensure alignment to other provincial reporting initiatives** for Wait Times and ALC, therefore a number of the indicators will be captured through other provincial reporting efforts.
- **LHINs are strongly encouraged to consider all of the recommended indicators** as they plan and implement a RM&R solution.
- In order for LHINs or LHIN clusters to be aligned to the PRM they must demonstrate they have the **capability to collect the data elements** that support the indicators as defined in the Business Process and Data Elements document.

### Next Steps

- It is acknowledged that a robust reporting strategy and accountability approach is necessary to enable performance management using the indicators described in this document.
- A reporting strategy will be developed to include information on data collection, reporting capabilities, reporting processes, accountability and key dependencies.
- A set of indicators that LHINs will be required to report on for provincial reporting purposes will be identified through consultations with the Ministry.

# Context for Understanding Performance Management Framework

**The overarching objectives of the Performance Management Framework and indicators are to reduce ER demand, ER length of stay and ER/ALC wait times.**

	Supporting Objectives	Information Attributes	Reporting Source
ER Wait Times	<ul style="list-style-type: none"> <li>Reduce ER Demand</li> </ul>	<ul style="list-style-type: none"> <li>Retrospective data on discharged patients</li> </ul>	ERNI**
ALC Wait Times	<ul style="list-style-type: none"> <li>Reduce ALC Component of wait</li> </ul>	<ul style="list-style-type: none"> <li>Near real-time data on current ALC wait times</li> </ul>	WTIS-ALC***
<b>RM&amp;R* Processes</b>	<ul style="list-style-type: none"> <li><b>Improve referral processes and wait times</b></li> <li><b>Reduce referral time component of ALC wait</b></li> </ul>	<ul style="list-style-type: none"> <li><b>Real-time, process specific data on active referrals</b></li> </ul>	<b>RM&amp;R</b>



The effectiveness of ALC programs and initiatives are ultimately measured by reduction in ER wait times.

The impact on reducing ALC days and wait times will be measured through WTIS-ALC indicators.

The impact on process improvements and referral times will be measured through the RM&R solution.

Reductions in ALC wait times and improved referral processes are facilitated by effective RM&R processes and solutions.

\* For the four acute to post-acute in-scope pathways

\*\* ERNI is the ER National Ambulatory Care Reporting System (NACRS) initiative that will introduce an information solution to the ER to improve the timeliness of ER data reporting

\*\*\* WTIS-ALC is the initiative to expand the provincial Wait Time Information System (WTIS) to capture ALC wait times for patients currently in acute care and waiting for post-acute care services

## Context for Understanding Performance Management Framework

***WTIS-ALC and ALC RM&R projects will work together, but distinctly to reduce ALC wait and improve ER wait times in Ontario.***

	WTIS-ALC Project	ALC RM&R Project
Scope	<ul style="list-style-type: none"> <li>• Acute to all ALC discharge destinations</li> <li>• Mental Health to all ALC discharge destinations</li> <li>• CCC to all ALC discharge destinations</li> <li>• Rehab to all ALC discharge destinations</li> </ul>	<ul style="list-style-type: none"> <li>• Acute to LTC</li> <li>• Acute to In Home services</li> <li>• Acute to Rehab</li> <li>• Acute to CCC</li> </ul>
Functionality	<ul style="list-style-type: none"> <li>• Reporting</li> <li>• Wait List Management</li> <li>• Interfacing with hospital source systems (e.g. ADT)</li> </ul>	<ul style="list-style-type: none"> <li>• Resource Matching</li> <li>• eReferral</li> <li>• Communicating with source and destination external systems</li> <li>• Reporting</li> </ul>
Reporting Source	<ul style="list-style-type: none"> <li>• ALC indicators</li> <li>• Financial benefits indicators</li> </ul>	<ul style="list-style-type: none"> <li>• Process efficiency indicators</li> <li>• Leading practice indicators</li> <li>• Financial benefits indicators</li> </ul>

The WTIS-ALC Project is based on participating 92 wait time funded hospitals (acute, MH, CCC and rehab beds) and 20 post-acute facilities (MH, Rehab and CCC), representing 95% of acute care beds and 96% of post acute care beds in the province

**Ontario eHealth Standards Team, WTIS-ALC and ALC RM&R will work to ensure alignment of data elements, data definitions and scenarios with those that have been introduced and adopted by HSPs. This is necessary to ensure consistent external messaging and to support future integration as outlined in the ER/ALC Information Strategy<sup>1</sup>.**

1. ER/ALC Information Strategy for Ontario, October 2008

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## Executive Summary

***A comprehensive Performance Management Framework has been developed to track improvements to the RM&R process and measure implementation success across the province.***

### Key findings

- A set of key performance indicators (KPIs), operational indicators and effect indicators collectively measure the effectiveness of the RM&R solution and the efficiency of the referral process.
- The indicators defined within this framework are directly aligned to the business processes for the four in-scope pathways: Acute to Rehab, Acute to Complex Continuing Care (CCC), Acute to Long-term Care (LTC) and Acute to In-home Services.
- To measure the effectiveness of LHIN cluster solutions and facilitate immediate improvements for RM&R, reporting and accountability strategies will be developed.
- Baselines and targets for the RM&R process should be defined to effectively measure the efficacy of the RM&R solution on the referral process and facilitate improvement over time.

### Key Considerations and Challenges

- Integration with hospital admit-discharge-transfer (ADT) systems, and other health information systems, is critical to ensure the flow of data elements that form the indicators (such as the admit and discharge dates).
- The reporting strategy needs to take into consideration provincial data collection and reporting capabilities (e.g. the need for a data warehouse and a business intelligence tool to analyze and report the data).
- Alignment with the Wait Time Information Strategy and Wait Time Information System (WTIS-ALC) application will be important for future ALC reporting to ensure that data is captured only once.

## Implications and Recommendations

***A comprehensive Performance Management Framework has been developed to track improvements to the RM&R process and measure implementation success across the province.***

Theme	Recommendation / Implication
<b>Broadly defined indicator framework</b>	<ul style="list-style-type: none"> <li>▪ A four-quadrant framework defines indicators that represent a holistic view of the referral process for the four in-scope pathways and can be expanded to other pathways as the RM&amp;R project expands.</li> <li>▪ A range of indicators, including measurements around ALC impact, referral wait times and financial benefits of a successful RM&amp;R solution are necessary to measure the effectiveness and efficiency of the referral process.</li> </ul>
<b>Time dependent reporting strategy</b>	<ul style="list-style-type: none"> <li>▪ A reporting strategy will be developed to measure the effectiveness of LHIN cluster solutions.</li> </ul>
<b>Forecasting and improved planning</b>	<ul style="list-style-type: none"> <li>▪ Stakeholders should utilize a provincial BI tool to capture, analyze and report data across the indicators.</li> <li>▪ Analysis would be dependent on the data elements collected:</li> </ul>
<b>ALC definition</b>	<ul style="list-style-type: none"> <li>▪ A consistent, clinical evidence-based ALC definition is necessary for the accurate measurement of ALC days in the referral process.</li> <li>▪ An ALC definition is necessary to move to a future state where patients transition from acute care to post-acute care without being designated ALC.</li> </ul>

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## Key Current State Themes and Considerations

*Certain issues in the current referral process were identified as part of the current state, each lending insights into considerations for the future state of RM&R in the province.*

### Key Themes

#### Incentives

- LHINs, HSP etc. may currently be measured on data which they cannot directly impact.
- Current metrics may drive counterproductive behaviour.

#### Timeliness & Effectiveness

- Confusion may exist when reporting on specific pathways.
- Qualitative details may not currently be considered in determining the effectiveness of the process.
- Decentralized repositories of data make it difficult to compare performance on a LHIN or province-wide scale.

#### Quality

- Current metrics may not reveal the most pertinent gaps in the process.
- Patient satisfaction with the process may be low.

### Key Considerations

#### KPI development

- KPIs should align to the overarching objectives of the RM&R agenda and use high quality data.
- Qualitative and quantitative KPIs should be linked to discrete business processes.

#### Reporting processes development

- KPIs should be collected and reported in a consistent fashion across the province, LHINs and facilities.
- A clear understanding of metric-driven behaviour should be developed.

#### Tools & technology

- Data should be stored in a central repository to enable business intelligence activities.
- The solution should retrospectively evaluate the quality of the match and predicatively model future demand.

#### Data

- Performance measurement should occur on data that the organizations' can influence.
- The underlying source of data should be defined based on the data requirements articulated by the business processes.

## Key Performance Indicators: Additional Considerations

*In order for performance management to be a relevant part of RM&R implementation, KPIs and other indicators should be standardized and transparent to facilitate the identification and dissemination of leading practices and to improve the patient experience.*

### Standardization

- Core provincial KPIs should have standardized definitions and reporting across all LHINs and facilities.
- This enables the identification of leading practices within LHINs and facilities and supports the transfer of knowledge to other LHINs.

### Transparency

- The purpose of KPI reporting is:
  - To identify leading practices and to match performance to targets
  - To share lessons learned related to strategies that drive results
  - To identify strategies to mitigate gaps in performance, based on lessons from other LHINs and facilities

### Improving the Patient Experience

- All KPIs should provide information that can be used to improve the patient experience.
- All KPIs should be actionable and be aligned to one or more specific steps in the RM&R business processes.

## Key Performance Indicators: Guiding Principles

***A current state scan established certain issues around incentives, timeliness & effectiveness and quality. The implications that were drawn from those issues were used to create a set of guiding principles that governed the development of the indicators.***

### Guiding Principles

- KPIs will monitor and track improvements in the patient experience and define new opportunities for improvement.
- Foundational data will be defined and collected at the source, such that common performance indicators can be defined and reported consistently across the province.
- KPIs will provide information that can be used to improve the patient experience.
- KPIs will align to the business processes of RM&R.
- KPIs will have standard definitions.
- KPIs will be defined and measured consistently across the province.
- LHINs will have the flexibility to define and track additional indicators, as desired.

## General Assumptions

***The Performance Management component of the PRM has been defined in the context of the following general assumptions:***

### Technology

- The RM&R solution is **integrated with** hospital information systems and CCAC information systems in real-time or near real-time.
- Both sending and receiving organizations are live with a RM&R solution.
- Health Service Providers (HSPs), CCACs and LHINs will use the **RM&R solution** for real-time **operational decision- making and management**.
- **Requirements around system performance**, such as length of time to return a resource match, **is defined by the LHIN cluster as part of the solution's definition requirements process**.
- The RM&R solution must support the reporting of indicators.

### Performance Management

- Per leading practices and the ideal future state, **ALC designation** occurs **after** the referral is initiated.
- The **tracking** of indicators **begins when the referral is initiated** (at the time the post-acute care need is identified by the health care team).
- Some data points for indicators may begin prior to the referral initiation, at the time when the patient is admitted to acute care.
- **ALC days** will be **calculated** as soon as the **patient is designated ALC**. Calculations will be done in real-time while the patient is in the hospital versus waiting until after the patient is discharged. ALC indicators will be reported through WTIS-ALC.
- **ALC designation is clinical evidence-based** and is applied consistently across the province.
- To **facilitate leading practices** it is important to encourage LHINs to **share their information on performance indicators**.
- **Data collection and reporting** should begin on the **first day** of the RM&R solution deployment to enable base-lines to be developed and monitor ongoing performance improvements.
- The ALC RM&R project will work with WTIS-ALC to ensure appropriate alignment.

### Compliance

- All legislative requirements remain unchanged.

\*Additional assumptions are included in the performance management document

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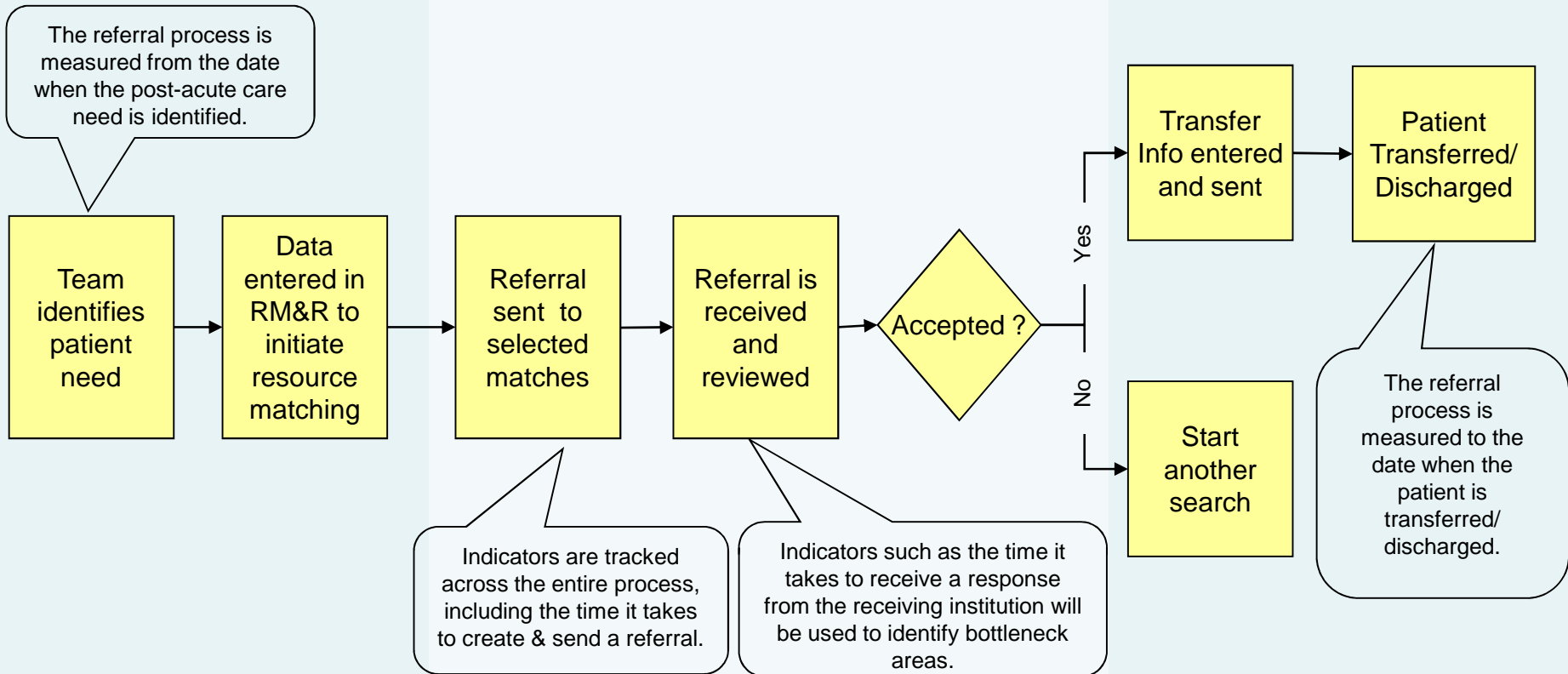
# eReferral Process Enablement

*The performance management approach enables the “end-to-end capture” of the eReferral process by tracking its efficiency and quality across all organizations involved in the three phases.*

## Resource Matching Phase

## Referral Action Phase

## Transfer Action Phase



## Future Reporting Strategy and Plan

***In addition to the indicators, a robust reporting strategy and accountability approach is necessary to enable performance management of ALC waits and the RM&R solution. It is recommended that a reporting strategy and associated plan be developed to help ensure that data is collected and indicators are reported. The reporting plan should include the following:***

Components	Key Considerations
<b>Data Collection</b>	<ul style="list-style-type: none"> <li>Method of data collection</li> <li>Data storage</li> </ul>
<b>Reporting Capabilities</b>	<ul style="list-style-type: none"> <li>Types of reports (e.g. operational and aggregated reports)</li> <li>Frequency of reporting</li> <li>Adoption and utilization of a business intelligence (BI) tool</li> <li>Predictive modelling of data trends</li> </ul>
<b>Reporting Processes</b>	<ul style="list-style-type: none"> <li>Dissemination of reports</li> <li>Recurring process to examine the inclusion of recommended indicators, baseline and targets, and appropriateness of reports</li> </ul>
<b>Accountability</b>	<ul style="list-style-type: none"> <li>A structure specifying the responsibilities and accountability of the stakeholders which include:             <ul style="list-style-type: none"> <li>Data provision</li> <li>Generating recurring reports</li> <li>Responding to ad hoc requests</li> <li>Managing the recurring reporting processes</li> </ul> </li> </ul>
<b>Dependencies</b>	<ul style="list-style-type: none"> <li>LHINs, HSPs, CCACs are recommended to plan and collect data as defined by the indicators of the Performance Management Framework as the RM&amp;R solutions are designed and deployed.</li> <li>Dependencies on other data systems for data to inform the recommended indicators should be clearly highlighted.</li> <li>Ministry consultation will determine the setting and reporting of provincial targets.</li> </ul>

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# Performance Management Framework: We can not improve that which we can not measure

*In order to improve the patient experience and decrease ALC days, indicators must first be collected so that baselines can be understood, targets set and improvements measured.*

## Indicators

- Indicators should be defined to support decision making and measure the appropriate business processes.
- Indicators must be collected over time in order to establish baselines.
- Indicators can be developed to measure the overall impact of the RM&R solutions, the day-to-day operations and the “larger picture”.

## Baselines

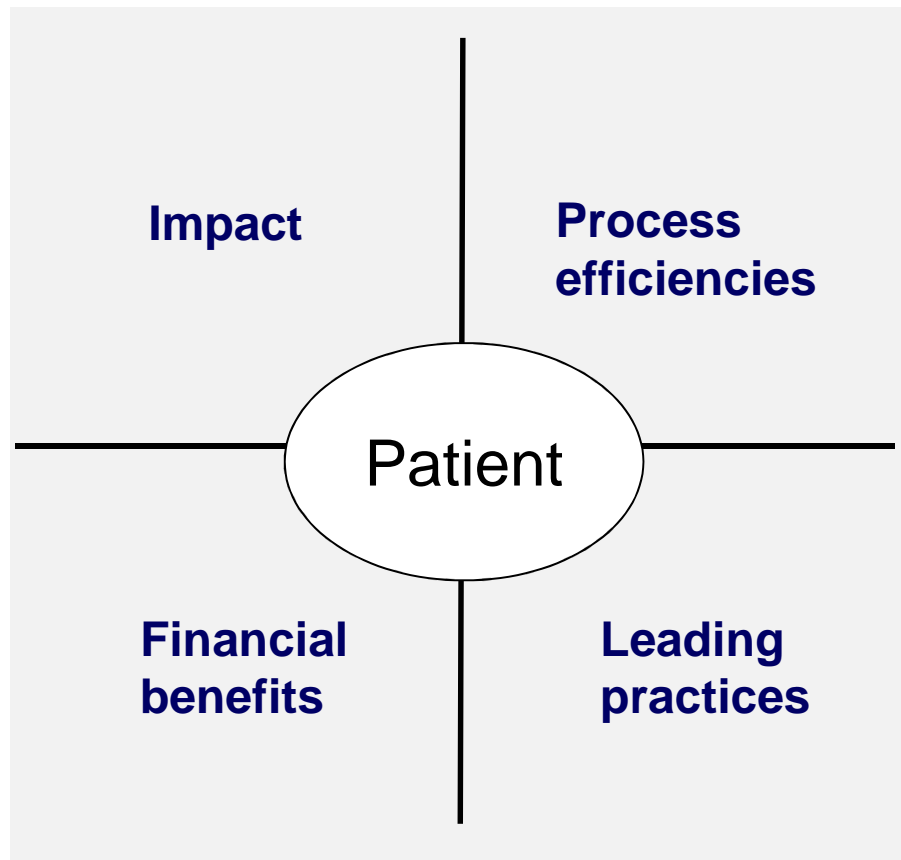
- Once baselines are established, trends will be able to be identified and tracked.
- Understanding trends will allow LHINs, HSPs and CCACs to appropriately react and improve.
- Baselines can be established once the majority of LHINs are using the RM&R solutions for the majority of the referrals.

## Targets

- ALC RM&R targets can be defined through a collaborative process based on established baselines.
- Targets can also be derived from the identified business processes based on provincial legislation.
- Targets should be reviewed and updated on a regular basis to ensure that they are still driving improvement in the patient experience.

# Performance Management Framework: Overview

*A holistic framework has been defined to measure the effectiveness and efficiency of the RM&R processes on ALC in the acute setting, with indicator categories described in four quadrants.*



## Quadrants

### Impact

- This quadrant focuses on the impact of the RM&R solution on ALC days in the acute care setting.

### Process efficiencies

- This quadrant focuses on effectiveness and efficiency of the business flow and the wait that the patient experiences.

### Leading practices

- This quadrant focuses on the quality of resource matching and its impact on the patient.

### Financial benefits

- This quadrant focuses on the long-term value in effective resource matching by tracking the financial consequences of maintaining ALC patients in the acute care setting.

## Performance Management Framework: Indicator Categories

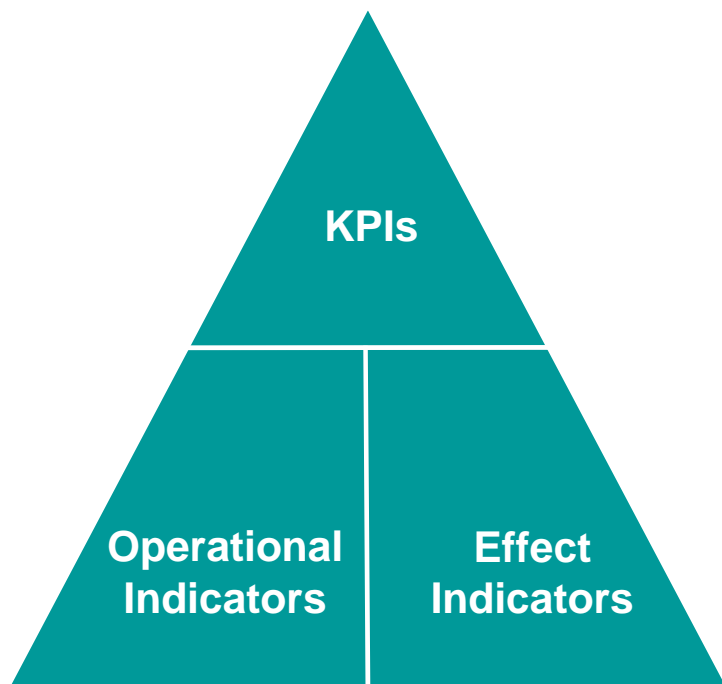
*The indicators have been grouped into eight high-level categories\* to ensure that leadership at all levels can comprehensively measure and target RM&R improvements.*

Quadrant	Categories	Description
Impact	<b>Alternate Level of Care (ALC)</b>	<ul style="list-style-type: none"> <li>Tracks the effect of RM&amp;R processes and solution on ALC patients in the acute care setting.</li> </ul> <p>NB: The ALC definition used for performance management of the RM&amp;R solution aligns to the provincial WTIS-ALC Definition.</p>
Process efficiencies	<b>Length of Stay (LOS)</b>	<ul style="list-style-type: none"> <li>Tracks the effect of RM&amp;R processes and solution on acute care and post-acute care patient capacities.</li> </ul>
	<b>Process Wait times</b>	<ul style="list-style-type: none"> <li>Tracks the effect of the RM&amp;R processes and solution on the time the patient waits as he or she move from acute to post-acute care.</li> </ul>
	<b>Waitlist</b>	<ul style="list-style-type: none"> <li>Tracks the effect of RM&amp;R processes and solution on patient volume and throughput.</li> </ul>
Leading practices	<b>Quality</b>	<ul style="list-style-type: none"> <li>Tracks the quality of the resource matching solution and business processes.</li> </ul>
	<b>Satisfaction</b>	<ul style="list-style-type: none"> <li>Tracks the effect of RM&amp;R processes and solution on patient satisfaction.</li> </ul>
Financial benefits	<b>Case Cost</b>	<ul style="list-style-type: none"> <li>Tracks the financial impact to Ontarians of maintaining ALC patients in the acute care setting rather than in an appropriate level of care for their clinical need(s).</li> </ul>
	<b>Diversion Cost</b>	<ul style="list-style-type: none"> <li>Tracks the financial impact to Ontarians of sending acute care patients out of province (i.e. U.S., Quebec, Manitoba etc.) for acute care.</li> </ul>

\* Not all indicator categories include KPIs

## Performance Management Framework: Indicator Types

*Three types of indicators have been developed to understand the impact of RM&R implementation on ALC days and enable the appropriate operational changes to improve the process. The eight indicator categories may include the three types of indicators described below.*



### **KPIs**

- Directly track the overall performance of the RM&R processes
- Measure within the boundaries of acute care to post-acute care process flows
- Use data primarily collected from the RM&R solution and WTIS-ALC

### **Operational Indicators**

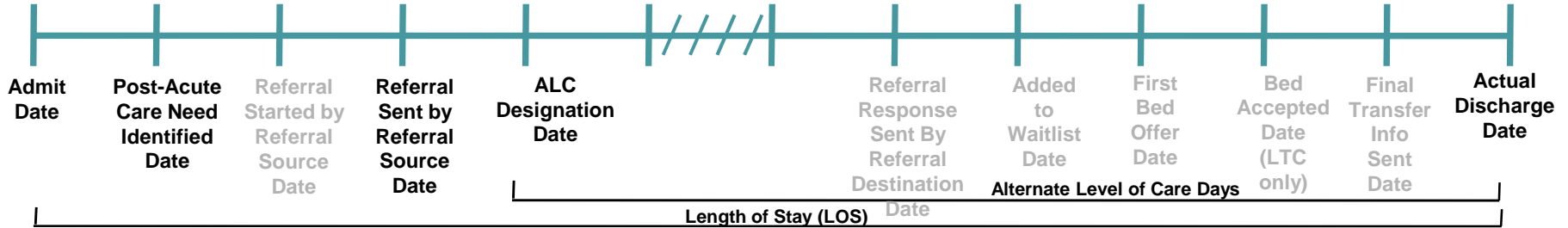
- Track the operational day-to-day performance of the RM&R processes and solution
- Measure within the boundaries of acute care to post-acute care process flows
- Use data primarily collected from the RM&R solution and WTIS-ALCs

### **Effect Indicators**

- Track the effects of the performance of RM&R processes and solution
- Measure upstream and downstream of acute care to post-acute care delivery
- Use data from the RM&R solution and from other sources

# Key Performance Indicators (Slide 1 of 3)

**KPIs are indicators that provide clear insight into the effect of the RM&R processes and solution on ALC times and patients in acute care for the four referral pathways in-scope.**



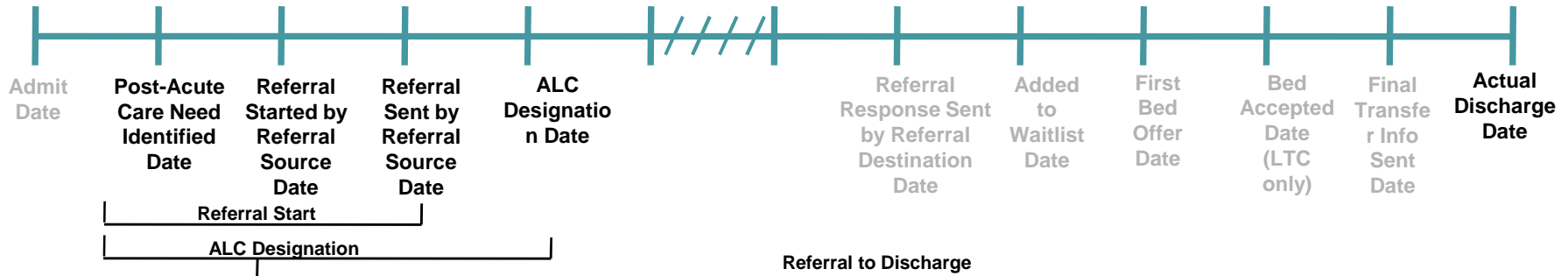
Category	Indicator <i>* Metric will be measured as a total and by destination (LTC, In-home Services, Rehab and CCC)</i>	Frequency	Reporting Level			Definitions
			Prov.	LHIN	Facility/ Provider	
ALC	% ALC days per discharge * (acute care ALC)	Monthly	X	X	X	As defined in and reported through WTIS-ALC. The data elements for these indicators will come from the WTIS-ALC application and not the RM&R solutions.
	ALC Wait* (acute care ALC)	Monthly	X	X	X	
	% ALC patients * (acute care ALC)	Monthly	X	X	X	
	% ALC patients * (med-surg ALC)	Monthly	X	X	X	
	Total # of ALC patients (acute care ALC)	Monthly	X	X	X	

**The effectiveness of RM&R will ultimately be measured by ALC indicators reported through WTIS-ALC.**

- Data elements for these indicators come from applications other than RM&R solutions
- Data elements for these indicators come from RM&R solutions

## Key Performance Indicators (Slide 2 of 3)

The KPIs described on pages 30-32 are supported by the operational and effect indicators found in Appendix 1 of this document.



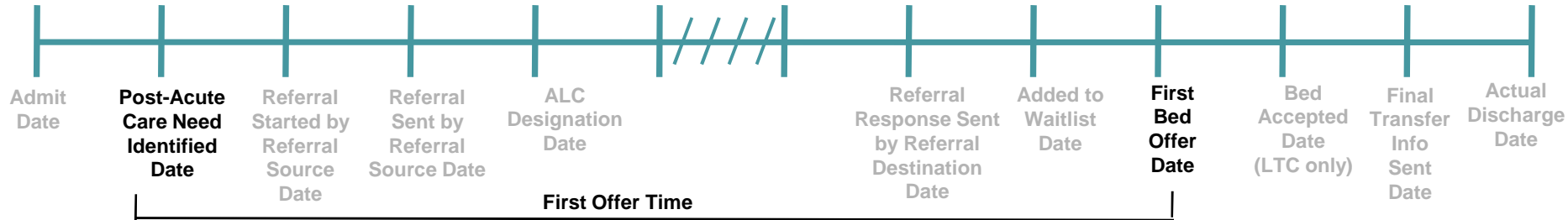
Category	Indicator <i>* Metric will be measured as a total and by destination (LTC, In-home Services, Rehab and CCC)</i>	Frequency	Reporting Level			Definitions
			Prov.	LHIN	Facility/ Provider	
Process Wait Times	Referral to Discharge: Time from referral to discharge (days) *	Monthly		X	X	Time = Days from referral or service offer being initiated by the referral source to the patient being discharged from acute care and being admitted to a referral destination or beginning post-acute care services <i>NB: Appropriate statistical analysis (average, median, 90th percentile) will be performed on data</i>
Process Wait Times	Referral Start: Time from post-acute care need identified to referral sent (days) *	Monthly	X	X	X	Time = Days from post-acute care need being identified to referral or service offer being sent to referral destination by referral source <i>NB: Appropriate statistical analysis (average, median, 90th percentile) will be performed on data</i>
Process Wait Times	ALC Designation: Time from post-acute care need identified to ALC designation (days) *	Monthly	X	X	X	As defined in and reported through WTIS-ALC. The data elements for these indicators will come from the WTIS-ALC application and not the RM&R solutions.

Data elements for these indicators come from applications other than RM&R solutions

Data elements for these indicators come from RM&R solutions

## Key Performance Indicators (Slide 3 of 3)

The KPIs described on pages 30-32 are supported by the operational and effect indicators found in Appendix 1 of this document.



Category	Indicator <i>* Metric will be measured as a total and by destination (LTC, In-home Services, Rehab and CCC)</i>	Frequency	Reporting Level			Definitions
			Prov.	LHIN	Facility/ Provider	
Process Wait Times	First Offer Time: Time from post-acute care need identified to the first offer being made (days) *	Monthly		X	X	Time = Days from post-acute care need being identified to the first bed or service offer being made <i>NB: Appropriate statistical analysis (average, median, 90th percentile) will be performed on data</i>
Wait List	Total # of ALC patients waitlisted for post-acute care *	Monthly	X	X	X	As defined in and reported through WTIS-ALC. The data elements for these indicators will come from the WTIS-ALC application and not the RM&R solutions.
Satisfaction	Patient satisfaction with the referral process/discharge planning	Quarterly	X	X	X	Patient response on standardized provincial questionnaire about satisfaction with the referral process

 Data elements for these indicators come from applications other than RM&R solutions

 Data elements for these indicators come from RM&R solutions

## Indicators: Assumptions

The indicators have been defined in the context of the following assumptions:

### Indicator Assumptions

- Indicators apply only to eReferral patients being transferred from acute care to:
  - Rehab
  - Complex Continuing Care (CCC)
  - Long-term Care (LTC) and
  - In-home Services
- Discharge occurs on the same date as transfer and admission to post-acute care facility.
- The Estimated Date of Services will be taken as a proxy for the initiation of In-home Services (for tracking purposes).
- ALC days will begin to be calculated as soon as the patient is designated ALC. Calculations will not wait until after the patient is discharged.

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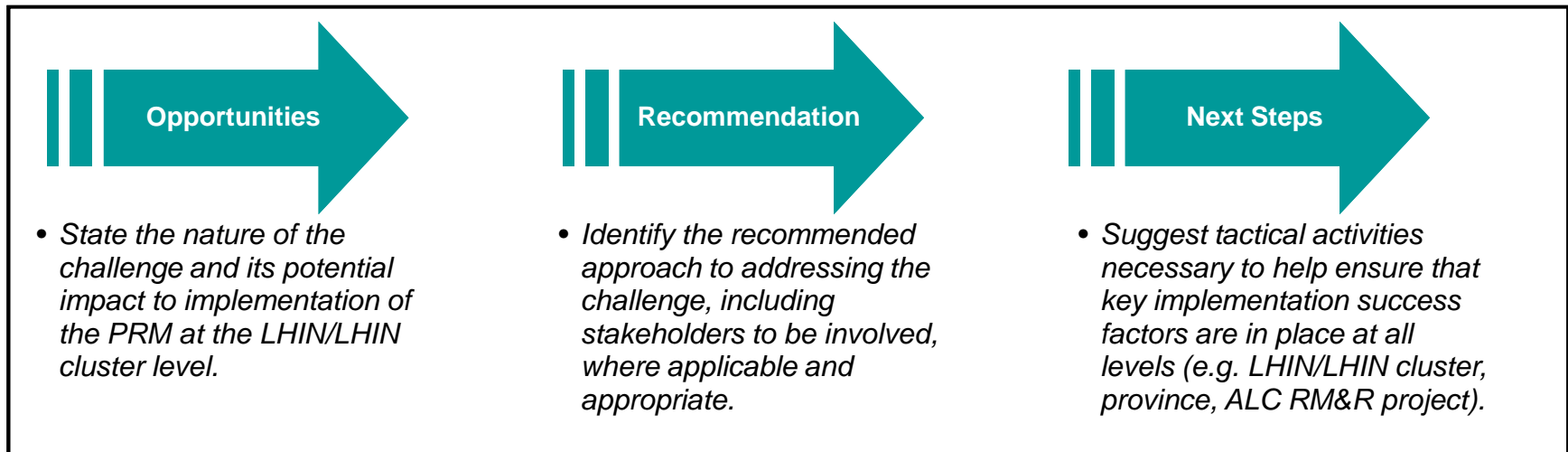
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## Opportunities and Recommendations

***The Performance Management component of the PRM has captured several issues which could potentially impact implementation, but whose resolution does not fall within the scope of the project.***

### **Context/Considerations:**

- A set of recommendations and next steps has been developed for the issues captured.
- The recommendations should be validated and prioritized with the relevant stakeholders to ensure that potential barriers to PRM implementation and achieving the project objectives at the LHIN/LHIN cluster level are addressed in a timely manner.
- Issues are presented in the following format:



## Opportunities and Recommendations (1 of 3)

***The following opportunities, relative to the desired future state of Performance Management, have been identified, along with suggested recommendations and next steps.***

Opportunity	Recommendation	Next Steps
<ul style="list-style-type: none"> <li>There is an opportunity to ensure alignment between the ALC RM&amp;R project and the WTIS-ALC project that will support future integration.                             <ul style="list-style-type: none"> <li>There are data elements that will be captured in the RM&amp;R solution that are not captured in the WTIS-ALC database.</li> <li>Data elements captured in RM&amp;R solutions should roll up to the WTIS-ALC, as appropriate.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Initiate discussions with the WTIS-ALC team regarding this particular issue</li> <li>Ensure ongoing communications, as the RM&amp;R solution is rolled out to LHINs</li> <li>Ontario eHealth Standards Team and WTIS-ALC should work to ensure alignment of data elements, data definitions and scenarios with those that have been introduced and adopted by HSPs.</li> </ul>	<ul style="list-style-type: none"> <li>The RM&amp;R project manager and implementation support team should meet with WTIS-ALC team and Ontario eHealth Standards Team at pre-defined regular checkpoints.</li> </ul>
<ul style="list-style-type: none"> <li>There is an opportunity to help ensure that data will be tracked and input into the RM&amp;R solution in a consistent manner which should enhance the ability to confidently base decisions on the indicators.</li> </ul>	<ul style="list-style-type: none"> <li>Support LHIN and LHIN cluster collaboration on end-user training development and/or delivery</li> </ul>	<ul style="list-style-type: none"> <li>The RM&amp;R project team should facilitate the sharing of training best practices across LHIN clusters.</li> </ul>

## Opportunities and Recommendations (2 of 3)

***The following opportunities, relative to the desired future state of Performance Management, have been identified, along with suggested recommendations and next steps.***

Opportunity	Recommendation	Next Steps
<ul style="list-style-type: none"> <li>There is an opportunity to create a Dedicated Funding Envelope for the ALC RM&amp;R project to ensure ongoing funding to support operations and reporting.</li> </ul>	<ul style="list-style-type: none"> <li>Work with key stakeholders to look at opportunities for Amend Part C, Sector Specific Parameters, of the Ministry-LHIN Accountability Agreements (MLAA) in 2010 to include the ALC RM&amp;R project operations and reporting</li> </ul>	<ul style="list-style-type: none"> <li>Explore opportunities for building a business case for RM&amp;R solutions and other eHealth applications to ensure ongoing funding to support operations and reporting. This is a priority issue that needs to be explored further with LHINs, the Ministry and eHealth Ontario.</li> </ul>
<ul style="list-style-type: none"> <li>There is an opportunity for ALC RM&amp;R performance management reporting strategies to leverage current provincial data collection and business intelligence tools to help ensure early and effective integration.</li> </ul>	<ul style="list-style-type: none"> <li>The ATC Information Program currently has the mandate for provincial collection and reporting of WTIS-ALC performance indicators. The RM&amp;R project team to investigate the feasibility of using existing tools as the provincial reporting strategy is being developed.</li> </ul>	<ul style="list-style-type: none"> <li>The RM&amp;R project team to explore opportunities for leveraging existing tools and approaches to encourage alignment, minimize duplication and ease implementation (hospitals are already using these tools).</li> </ul>
<ul style="list-style-type: none"> <li>There is an opportunity to help ensure that the patient experience is measured consistently now and in the future as the ALC RM&amp;R project expands to pathways that are not currently in-scope.</li> </ul>	<ul style="list-style-type: none"> <li>Define indicators such that they are transferable to other pathways that are not currently in-scope</li> <li>This is inclusive of current, modified or newly identified indicators from the monitor and refresh process.</li> </ul>	<ul style="list-style-type: none"> <li>This understanding should be included in the Terms of Reference that will be defined for the Performance Management sub-committee.</li> </ul>

## Opportunities and Recommendations (3 of 3)

*The following opportunities, relative to the desired future state of Performance Management, have been identified, along with suggested recommendations and next steps.*

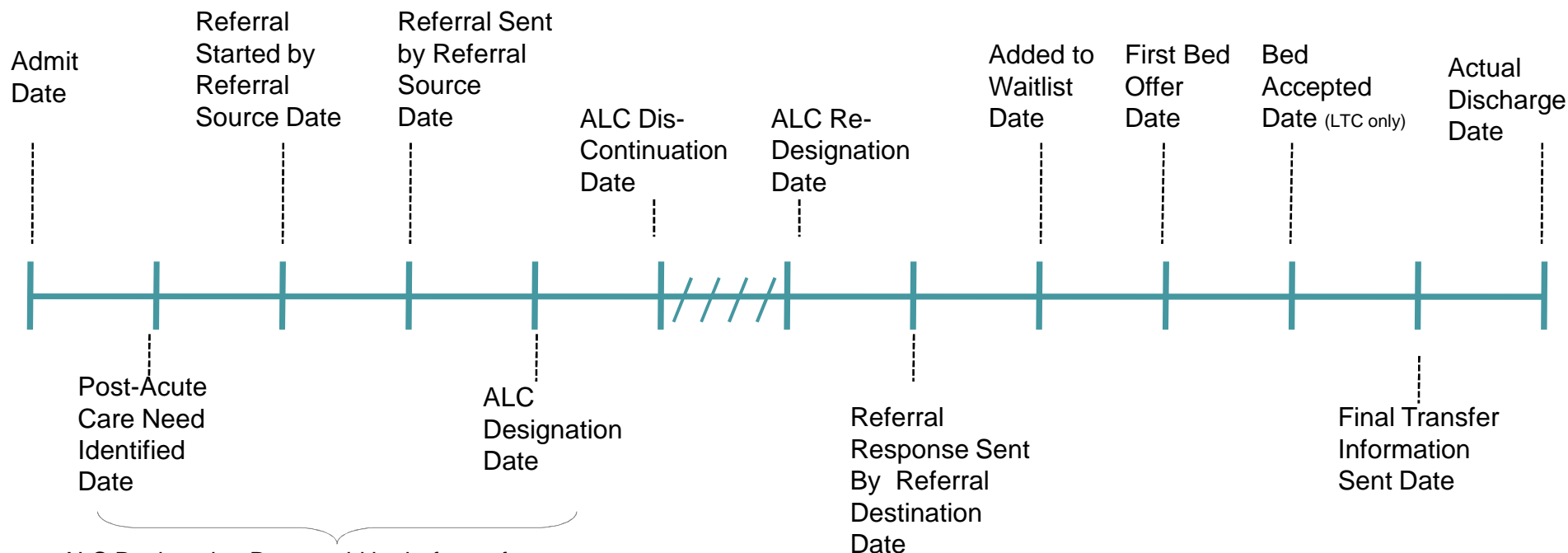
Opportunity	Recommendation	Next Steps
<ul style="list-style-type: none"> <li>There is an opportunity to allow organizations to have flexibility in analysis and reporting and enable optimal decision-making at LHINs, HSPs and CCACs by supporting different data filters.</li> </ul>	<ul style="list-style-type: none"> <li>Filter indicators by:                             <ul style="list-style-type: none"> <li>Geographical area</li> <li>Referrals that have been accepted versus referrals that have been rejected</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>LHIN clusters should incorporate this level of filtration to the indicators as the RM&amp;R solutions are implemented across Ontario</li> </ul>
<ul style="list-style-type: none"> <li>There is an opportunity to minimize the variation in how ALC determination is completed at the hospitals through the utilization of clinical evidence-based criteria, mitigating potential under-reporting of ALC days.</li> </ul>	<ul style="list-style-type: none"> <li>Develop a Provincial Care Management Model that includes initial and concurrent review utilizing clinical evidence-based criteria review as the next phase of the ALC definition work</li> </ul>	<ul style="list-style-type: none"> <li>The ATC Information Program should develop a Provincial Care Management Model.</li> </ul>

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# Performance Management Framework: Illustrative Future Key Process Dates

**Key process dates are mapped to the standard business processes in the PRM.**



ALC Designation Date could be before, after or simultaneous to the Post Acute Care Need Identified Date

In the future ideal state, ALC Designation Date should be simultaneous to the Actual Discharge Date

**This timeline is used to help define the indicators that are being measured.**

**Note: The key process dates timeline is not to scale.**

# Impact Quadrant: Operational Indicators – ALC

**Operational indicators will provide insight as to the change in volume of ALC days and ALC patients in acute care due to the RM&R implementation for the referral pathways in-scope.**



Category	Indicator <i>*Metric will be measured as a total and by destination (LTC, In home Services, Rehab and CCC)</i>	Frequency	Reporting Level			Definitions
			Prov.	LHIN	Facility/ Provider	
ALC	Total ALC days * (acute care ALC)	Monthly		X	X	As defined in and reported through WTIS-ALC. The data elements for these indicators will come from the WTIS-ALC application and not the RM&R solutions.
	Average # of ALC patients * (acute care ALC)	Monthly		X	X	
	ALC throughput rate * (acute care ALC)	Monthly		X	X	
	% ALC designation prior to discharge planning	Monthly		X	X	

- Data elements for these indicators come from applications other than RM&R solutions
- Data elements for these indicators come from RM&R solutions

# Impact Quadrant: Effect Indicators – ALC

***Measuring ALC in post-acute care identifies barriers to decreasing ALC days in acute care and will provide insight into the effects of RM&R implementation.***

Category	Indicator	Frequency	Reporting Level			Definitions
			Prov.	LHIN	Facility/ Provider	
ALC	% ALC days in Rehab (post-acute care)	Monthly		X	X	As defined in and reported through WTIS-ALC. The data elements for these indicators will come from the WTIS-ALC application and not the RM&R solutions.
	% ALC days in CCC (post-acute care)	Monthly		X	X	
	Average ALC days for Rehab (post-acute care)	Monthly		X	X	
	Average ALC days for CCC (post-acute care)	Monthly		X	X	
	Total ALC days for Rehab (post-acute care)	Monthly		X	X	
	Total ALC days for CCC (post-acute care)	Monthly		X	X	



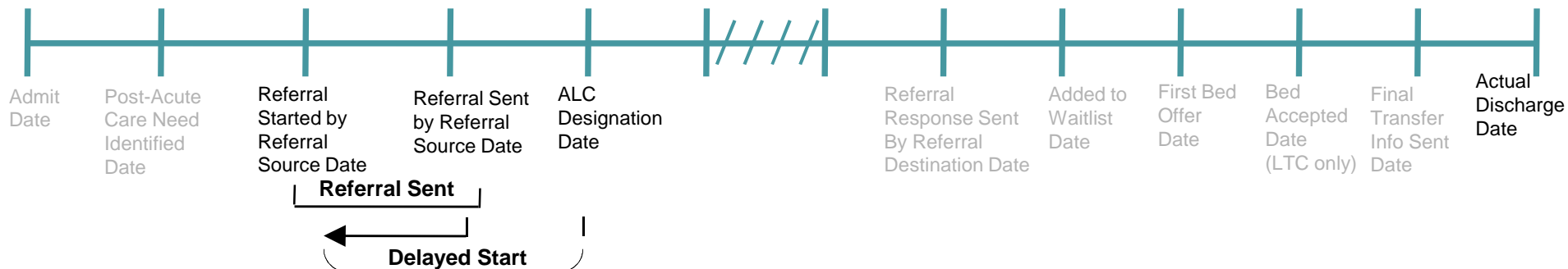
Data elements for these indicators come from applications other than RM&R solutions

Data elements for these indicators come from RM&R solutions





# Process Efficiencies Quadrant: Operational Indicators – Wait Times (Page 1 of 5)

*These indicators will provide insight into the impact of RM&R implementation and on the location of bottlenecks within the referral process.*



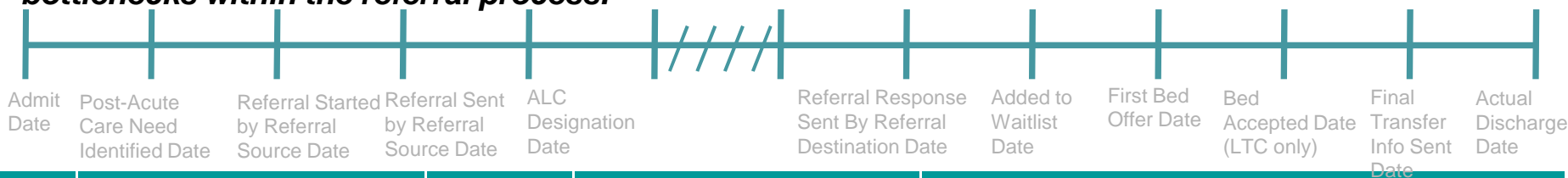
Category	Indicator	Frequency	Reporting Level			Definitions
			Prov.	LHIN	Facility/ Provider	
Process Wait Times	Delayed Start: Time from ALC designation to referral sent (+/- days)	Monthly		X	X	As defined in and reported through WTIS-ALC. The data elements for these indicators will come from the WTIS-ALC application and not the RM&R solutions.
	Referral Sent: Time from referral initiated to referral sent (days)	Monthly		X	X	Time = Days for referral source to initiate a referral or service offer, enter the appropriate data set and send the referral or service offer to the referral destination  <i>NB: Appropriate statistical analysis (average, median, 90th percentile) will be performed on data</i>

 Data elements for these indicators come from applications other than RM&R solutions

 Data elements for these indicators come from RM&R solutions

# Process Efficiencies Quadrant: Operational Indicators – Wait Times (Page 2 of 5)

**These indicators will provide insight into the impact of RM&R implementation and on the location of bottlenecks within the referral process.**



Category	Indicator	Frequency	Reporting Level			Definitions
			Prov.	LHIN	Facility/ Provider	
Process Wait Times	Late CCAC Notification	Monthly		X	X	# of times that the CCAC is notified of a patient after the post-acute care need has been identified  <i>NB: Appropriate statistical analysis (average, median, 90th percentile) will be performed on data</i>
	Post-acute care assessment wait times (days) (LTC and In-home Services only)	Monthly		X	X	Wait Time = Number of days after post-acute care need is identified that post-acute care assessment is conducted  Example of post-acute care assessments: LTC – Resident Assessment Instrument-Home Care (RAI HC); In-home Services – Common Intake Assessment Tool (CIAT)  <i>NB: Appropriate statistical analysis (average, median, 90th percentile) will be performed on data</i>
	% of initial Post-acute care assessments conducted within x days of ALC designation (LTC and In-Home services only)	Monthly		X	X	% = # of patients with post-acute care assessment conducted in > x days / Total number of patients  Example of post-acute care assessments: LTC – RAI HC; In-home Services – CIAT

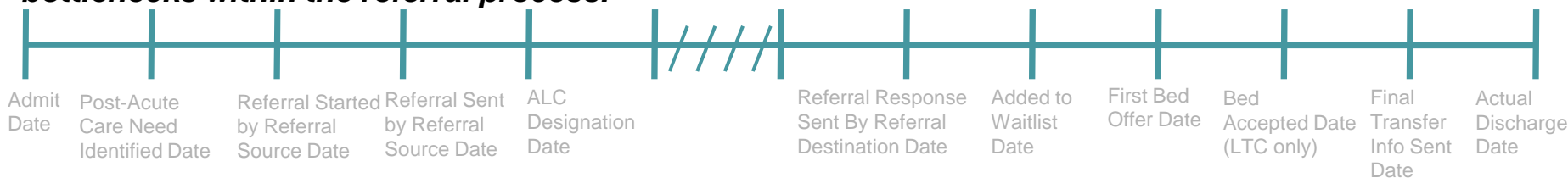
Data elements for these indicators come from applications other than RM&R solutions

Data elements for these indicators come from RM&R solutions



# Process Efficiencies Quadrant: Operational Indicators – Wait Times (Page 3 of 5)

**These indicators will provide insight into the impact of RM&R implementation and on the location of bottlenecks within the referral process.**



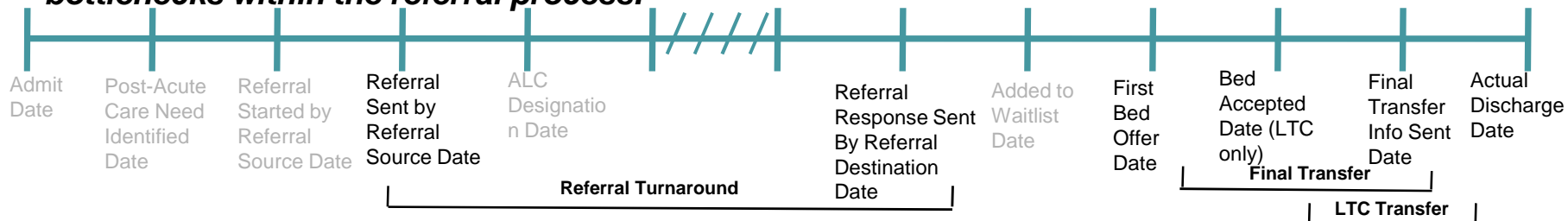
Category	Indicator	Frequency	Reporting Level			Definitions
			Prov.	LHIN	Facility/ Provider	
Process Wait Times	Service Available: Time from service offer generated to decision of service availability (days) (In-home Services Only)	Monthly		X	X	Wait Time = Number of days between when the service offer is generated by the referral source and the decision by the referral source that the service is available  This occurs prior to the service offer being sent to the referral destination <i>NB: Appropriate statistical analysis (average, median, 90th percentile) will be performed on data</i>
	Service Available & Offer Sent: Time to send offer to referral destination (In-home Services only)	Monthly		X	X	Wait Time = Number of days between the decision by the referral source that the service is available and the service offer being sent to the referral destination  <i>NB: Appropriate statistical analysis (average, median, 90th percentile) will be performed on data</i>
	% of service available to offer sent >1 day (In-home Services only)	Monthly		X	X	% = # of cases where time between the decision by the referral source that the service is available and service offer being sent to the referral destination > 1 day / Total # of services offers sent

Data elements for these indicators come from applications other than RM&R solutions

Data elements for these indicators come from RM&R solutions

# Process Efficiencies Quadrant: Operational Indicators – Wait Times (Page 4 of 5)

**These indicators will provide insight into the impact of RM&R implementation and on the location of bottlenecks within the referral process.**

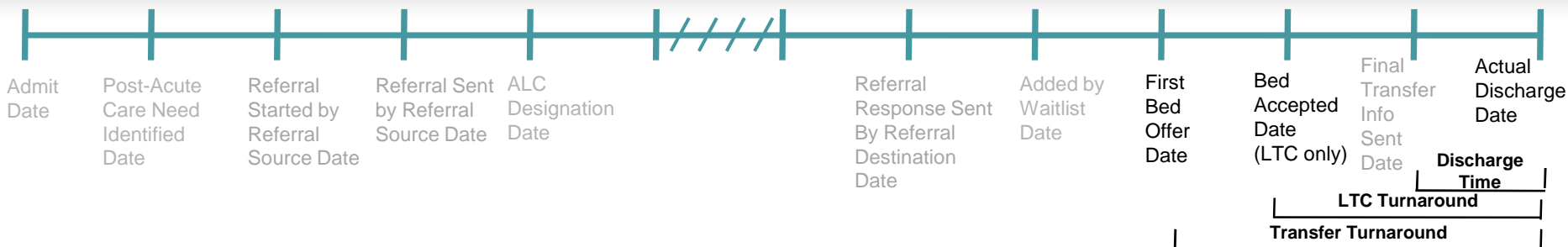


Category	Indicator <i>*Metric will be measured as a total and by destination (LTC, In home Services, Rehab and CCC)</i>	Frequency	Reporting Level			Definitions
			Prov.	LHIN	Facility/ Provider	
Process Wait Times	Referral Turnaround: Wait time for referral response (days) *	Monthly		X	X	Wait Time = (Days between referral being sent to referral destination by the referral source and the referral response received by referral source) – (Days for request for additional information made by referral destination to be answered by referral source) <i>NB: Appropriate statistical analysis (average, median, 90th percentile) will be performed on data</i>
	Final Transfer: Time for final transfer information to be sent (days) *	Monthly		X	X	Time = Days for referral source to send final transfer information to referral destination once the referral source has received the first bed/service offer <i>NB: Appropriate statistical analysis (average, median, 90th percentile) will be performed on data</i>
	LTC Transfer: Time for final transfer information to be sent (days) (LTC only)	Monthly		X	X	Time = Days for referral source to send final transfer information to referral destination once the referral source has received notice that the bed is accepted <i>NB: Appropriate statistical analysis (average, median, 90th percentile) will be performed on data</i>

Data elements for these indicators come from applications other than RM&R solutions

Data elements for these indicators come from RM&R solutions

# Process Efficiencies Quadrant: Operational Indicators – Wait Times (Page 5 of 5)



Category	Indicator <i>*Metric will be measured as a total and by destination (LTC, In home Services, Rehab and CCC)</i>	Frequency	Reporting Level			Definitions
			Prov.	LHIN	Facility/ Provider	
Process Wait Times	Discharge Time: Time to discharge and transfer an acute care patient (days)	Monthly		X	X	Time = Days between final transfer information being sent to referral destination and discharge, transfer & admittance to referral destination (or initiation of services) occurring  <i>NB: Appropriate statistical analysis (average, median, 90th percentile) will be performed on data</i>
	Transfer Turnaround (days) *	Monthly		X	X	Transfer Turnaround = Days between when the first bed/service offer is made and when the discharge, transfer & admittance (or initiation of service) occurs  <i>NB: Appropriate statistical analysis (average, median, 90th percentile) will be performed on data</i>
	LTC Turnaround (days)	Monthly		X	X	LTC Turnaround= Days between when the LTC bed offer is accepted and when discharge, transfer & admittance occurs  <i>NB: Appropriate statistical analysis (average, median, 90th percentile) will be performed on data</i>

Data elements for these indicators come from applications other than RM&R solutions


Data elements for these indicators come from RM&R solutions

# Process Efficiencies Quadrant: Operational Indicators – Waitlist

**These indicators will provide insight into the impact of RM&R implementation on the variation in volume of waitlists for post-acute care over time.**



Category	Indicator <i>* Metric will be measured as a total and by destination (LTC, In home Services, Rehab and CCC)</i>	Frequency	Reporting Level			Definitions
			Prov.	LHIN	Facility/ Provider	
Wait List	Waitlist Throughput *	Monthly		X	X	Waitlist throughput Rate = # of new patients on a waitlist for a destination / # of patients discharged to that destination
	Wait time on referral destination waitlist (days) *	Monthly		X	X	Wait Time = Days between patient added to waitlist and first bed or service offer at referral destination  <i>NB: Appropriate statistical analysis (average, median, 90th percentile) will be performed on data</i>
	Total wait time on referral destination waitlist (days) *	Monthly		X	X	Wait Time = Days between patient added to waitlist and first bed or service offer at referral destination  Total Wait Time = Sum of wait time for all acute care patients on waitlists for LTC, In-home Services, Rehab or CCC

 Data elements for these indicators come from applications other than RM&R solutions

 Data elements for these indicators come from RM&R solutions

## Process Efficiencies Quadrant: Effect Indicators – Length of Stay (LOS)

**Measurement of LOS upstream and downstream of acute care can be a reliable proxy for decreasing ALC days in acute care and measurement of the effects of RM&R implementation.**

Category	Indicator	Frequency	Reporting Level			Definitions
			Prov.	LHIN	Facility/ Provider	
LOS	Average length of stay (ALOS) in Intensive Care Unit (ICU) (days)	Monthly		X	X	LOS = Days between inpatient admission to ICU and transfer or discharge from ICU ALOS in ICU = Total LOS days in ICU / Total number of patients in ICU
	ALOS in Rehab (days)	Monthly		X	X	LOS = Days between inpatient admission to Rehab and transfer or discharge from Rehab ALOS in Rehab = Total LOS days in Rehab / Total number of patients in Rehab
	Emergency Room (ER) ALOS: Patients admitted to acute care (hours)	Monthly		X	X	LOS = Hours between triage in the ER and being admitted to Acute Care ALOS = Total LOS hours in ER for patients admitted to acute care / Total number of patients admitted to acute care
	ER ALOS: Discharged patients from ER (hours)	Monthly		X	X	LOS = Hours between triage in the ER and being discharged from ER ALOS = Total LOS hours in ER for patients discharged from ER / Total number of patients discharged from the ER



Data elements for these indicators come from applications other than RM&R solutions



Data elements for these indicators come from RM&R solutions

## Leading Practices Quadrant: Operational Indicators – Quality

**These indicators will provide insight into the impact of RM&R implementation on the quality of the RM&R process.**

Category	Indicator <i>* Metric will be measured as a total and by destination (LTC, In home Services, Rehab and CCC)</i>	Frequency	Reporting Level			Definitions
			Prov.	LHIN	Facility/ Provider	
Quality	% of referrals received by referral destination without necessary information set	Monthly		X	X	% = # of referrals received without necessary information / Total # of referrals received
	Total number of referrals declined for any reason *	Monthly		X	X	Monthly count of referrals declined for any reason (NB: If a bed is not available, the expected referral response is Accepted - Waitlist)
	% referrals declined (by reason) *	Monthly		X	X	% = # of acute care to post-acute care ALC patient referrals declined by referral destination / Total # of acute care to post-acute care ALC patient referral responses
	% patients rejecting referral destination post-transfer	Monthly		X	X	% = # patients rejecting referral destination after post-acute care has begun / Total # of patients beginning post-acute care  Measured for LTC, Rehab and CCC
	% patients deemed inappropriate for current level of care by referral destination post-transfer *	Monthly		X	X	% = # of patients deemed inappropriate for current level of care by referral destination after care has begun / Total # of patients beginning post-acute care
	Unmatched need	Semi-annually		X	X	% = # of resource matching queries returned without a result / Total # of resource matching queries  Measured by specialized needs & supports (i.e. Dialysis)

Data elements for these indicators come from applications other than RM&R solutions

Data elements for these indicators come from RM&R solutions

## Leading Practices Quadrant: Effect Indicators – Quality & Satisfaction

**These indicators will provide insight into the impact of the RM&R solution on the quality and patient satisfaction of the referral process.**

Category	Indicator <i>* Metric will be measured as a total and by destination (LTC, In home Services, Rehab and CCC)</i>	Frequency	Reporting Level			Definitions
			Prov.	LHIN	Facility/ Provider	
Quality	Re-admission rate to acute care within 30 days (%) *	Monthly		X	X	Rate = (Total # of post-acute care patients admitted to an acute care facility with the same or related diagnosis within 30 days of being discharge from referral source and admitted to referral destination) / (Total # of patients admitted to post-acute care in the same time period)
	Re-admission rate to ER within 30 days (%) *	Monthly		X	X	Rate = (Total # of post-acute care patients admitted to the ER with the same or related diagnosis within 30 days of being discharged from referral source and admitted to referral destination) / (Total # of patients admitted to post-acute care in the same time period)
	Cases designated ALC	Monthly		X	X	As defined in and reported through WTIS-ALC. The data elements for these indicators will come from the WTIS-ALC application and not the RM&R solutions.
Satisfaction	CCAC provincial satisfaction survey	Semi-annually or annually		X	X	Patient response on standardized provincial questionnaire
	Patient satisfaction with post-acute care services *	Semi-annually or annually		X	X	Patient response on standardized provincial questionnaire
	NRC Picker Patient Survey of satisfaction with hospital	Semi annually or annually		X	X	Patient response on the NRC Picker Patient Survey <a href="http://www.nrcpicker.com">http://www.nrcpicker.com</a>

 Data elements for these indicators come from applications other than RM&R solutions

 Data elements for these indicators come from RM&R solutions

## Benefits Quadrant: Effect Indicators – Case Cost

**These indicators will provide insight into the financial impact of maintaining ALC patients in an acute care facility.**

Category	Indicator <i>* Metric will be measured as a total and by destination (LTC, In home Services, Rehab and CCC)</i>	Frequency	Reporting Level			Definitions
			Prov.	LHIN	Facility/ Provider	
Case Cost	Total cost for ALC days * (acute care ALC) (CAD)	Quarterly**	X	X	X	<p>Case Cost = # of ALC days * (Daily back end rate for acute care that the patient is receiving)</p> <p>Total Cost = Sum of case costs for all ALC patients that month</p> <p><i>NB: Daily back end rate is the average rate for that facility</i></p>
	Total Differential Cost for ALC days *( CAD)	Quarterly**	X	X	X	<p>Differential Cost = # of ALC days * (Daily rate for acute care - daily rate for post-acute care service)</p> <p>Total Cost = Sum of differential costs</p> <p><i>NB: Daily back end rate is the average rate for that facility Daily rate for post-acute care will be average cost of care at the referral destination in the LHIN</i></p>

*NB: Metrics are reported quarterly to the province but tracked monthly at LHINs and HSPs .*



Data elements for these indicators come from applications other than RM&R solutions



Data elements for these indicators come from RM&R solutions

## Benefits Quadrant: Effect Indicators – Diversion Cost

**These indicators will provide insight into the financial impact of maintaining ALC patients in an acute care facility.**

Category	Indicator	Frequency	Reporting Level			Definitions
			Prov.	LHIN	Facility/ Provider	
Diversion Cost	Total cost for acute care diverted to the US (\$ CAD)	Quarterly**	X	X	X	Case Cost = # of patient days * Daily rate for acute care the patient is receiving in the US  Total Cost = Sum of case costs of all patients receiving acute care in the US that month
	# of patients diverted to US for acute care	Quarterly**	X	X	X	Monthly count of patients that received acute care in the US
	Total # of days of US acute care for diverted patients	Quarterly**	X	X	X	Total sum of the US acute care days for patients receiving acute care in the US
	Total cost for acute care diverted to other Canadian provinces (\$ CAD)	Quarterly**	X	X	X	Case Cost = # of patient days * daily rate for acute care the patient is receiving in other Canadian provinces  Total Cost = Sum of case costs of all patients receiving acute care in provinces outside Ontario that month
	# of patients diverted to other Canadian provinces for acute care	Quarterly**	X	X	X	Monthly count of patients that received acute care in Canadian provinces outside Ontario
	Total # of days of Canadian acute care for diverted patients outside Ontario	Quarterly**	X	X	X	Total sum of acute care days for patients receiving acute care in Canadian provinces outside Ontario

NB: Metrics are reported quarterly to the province but tracked monthly at LHINs and HSPs.

 Data elements for these indicators come from applications other than RM&R solutions

 Data elements for these indicators come from RM&R solutions

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# Performance Management & Reporting Sub-group Terms of Reference (Slide 1 of 2)

## Purpose

- This sub-group has been established to **provide content expertise for** the PRM in the area of **performance management & reporting**.

## Objectives

- Provide detailed content expertise or knowledge on performance management & reporting
- Share information on the present state and identify potential implications for the PRM
- Where applicable, share information on existing implementations and lessons learned
- Identify issues, risks and barriers for the project
- Inform Phase II project team deliverables
- Facilitate opportunities for information sharing and collaboration across organizations and sectors
- Contain significant geographic representation and significant representation of health service providers

## Committee Structure

- Meetings will be held via teleconferencing
- Secretariat support will be provided by the ALC RM&R project team
- Committee members are permitted to send a delegate on their behalf, when required
- Agenda and meeting materials will be issued approximately three business days prior to meetings
- Committee membership participation is required from August 2009 to October 2009 for approximately two to four meetings, each being approximately two hours in length

# Performance Management & Reporting Sub-group Terms of Reference (Slide 2 of 2)

## Purpose

- This sub-group has been established to **provide content expertise for** the PRM in the area of **performance management & reporting**.

## Member Responsibilities

- Represent, engage and follow up with their respective organizations and sectors for contribution to applicable components of the PRM
- Contribute content expertise or knowledge
- Review materials and participate in group discussions during meetings
- Act as a point of communication for their respective organization, LHIN or sector
- Obtain input from key stakeholders within their jurisdictions to further inform the deliverables (e.g. input from service providers)

## Activities - The sub-group will validate the following:

- KPI definitions, rationale and reporting level (i.e. provincial, LHIN and/or facility/provider)
- Reporting framework, including required infrastructure
- Short-, interim- and long-term reporting strategies
- Annual review process of KPIs
- Development of baseline measures and targets
- Key considerations

## Performance Management & Reporting Sub-group: Activities

Performance Management and Reporting Sub-group	
<b>Objectives</b>	<ul style="list-style-type: none"> <li>The sub-group will provide input into and validation of indicators and reporting strategies for performance management of the ALC RM&amp;R PRM</li> </ul>
<b>Scope</b>	<ul style="list-style-type: none"> <li>Acute to Rehab</li> <li>Acute Care to Complex Continuing Care (CCC)</li> <li>Acute to Long-Term Care (LTC)</li> <li>Acute Care to In-home Services</li> </ul>
<b>Activities</b>	<ul style="list-style-type: none"> <li>The sub-group will validate the following:                             <ul style="list-style-type: none"> <li>Key performance indicators and supporting indicators</li> <li>Interim and long-term reporting strategies</li> <li>Accountabilities</li> <li>Assumptions</li> </ul> </li> </ul>
<b>Out-of-scope</b>	<ul style="list-style-type: none"> <li>Detailed on data sets (e.g. field type, field size, valid entries)</li> </ul>

## Performance Management & Reporting Sub-group Engagement Approach and Meetings

- Orientation to the sub-group and work and approach – 1.5 hour meeting, August 11, 1:00 – 2:30 pm
- Future meetings of this sub-group have been proposed as follows:

Meeting	Date	Focus
Meeting 1	August 19 2-5 PM	Draft list of KPIs and associated groupings, including definitions and reporting level (provincial, LHIN and/or facility/provider)
Meeting 2	September 10 2-5 PM	KPI reporting mechanism, including process, scorecards, etc.

- In advance of meetings, sub-group members will be responsible for:
  - Reviewing all distributed materials and noting comments to be raised during the meeting
  - Soliciting additional expertise where needed, as determined by the sub-group Members
- Following meetings, sub-group members will be responsible for:
  - Additional input and/or reviews as necessary, as determined during sub-group meetings
  - Acting on any homework assigned (e.g., consult with experts or gather information) within the meeting
- Following meetings, project team will be responsible for:
  - Incorporating sub-group feedback into the performance management deliverables

## Performance Management & Reporting Sub-group Membership Summary

Sub-group	We involved people who:	Areas of Expertise
<p><b>Performance Management and Reporting</b></p>	<ul style="list-style-type: none"> <li>• Have responsibility for managing, measuring and tracking organizational and/or LHIN performance</li> <li>• Manage or lead projects and/or operations</li> <li>• Manage process improvement initiatives and projects</li> <li>• Work in Health Informatics</li> </ul>	<ul style="list-style-type: none"> <li>• Corporate Performance</li> <li>• Program Planning, Design and Operations</li> <li>• Health Informatics and/or Information Management</li> <li>• Client or Patient Services</li> <li>• Utilization and Flow</li> <li>• Performance Improvement (Clinical, Corporate and LHIN ER/ALC Performance Leads)</li> <li>• Decision Support</li> </ul>

## Sub-group Members (1 of 2)

Sub-group Member	Role	LHIN	Organization Type	Email Address
Rimmy Kaur	eReferral Project Lead /Senior Program Manager	N/A	CCO	<a href="mailto:Rimmy.Kaur@cancercare.on.ca">Rimmy.Kaur@cancercare.on.ca</a>
Lori McKinnon	Manager, Access to Care Analytics	N/A	CCO	<a href="mailto:Lori.McKinnon@cancercare.on.ca">Lori.McKinnon@cancercare.on.ca</a>
Ivana Marzura	Subject Matter Specialist	N/A	eHO	<a href="mailto:ivana.marzura@ehealthontario.on.ca">ivana.marzura@ehealthontario.on.ca</a>
Perry Doody	Senior Director, Performance. Management and Accountability	Central	CCAC	<a href="mailto:Perry.Doody@central.ccac-ont.ca">Perry.Doody@central.ccac-ont.ca</a>
Yvonne Ashford	Senior Director, Client Services	Central	CCAC	<a href="mailto:Yvonne.Ashford@central.ccac-ont.ca">Yvonne.Ashford@central.ccac-ont.ca</a>
Kathie Carr	Senior Manager, Community Intelligence and Planning	Central	CCAC	<a href="mailto:Kathie.Carr@central.ccac-ont.ca">Kathie.Carr@central.ccac-ont.ca</a>
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Carol Murphy	ED-ALC Performance Lead Coordinator	Champlain	LHIN	<a href="mailto:Carol.Murphy@LHINS.ON.CA">Carol.Murphy@LHINS.ON.CA</a>
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Neil McIntosh	Senior Consultant and Contract Management	Central West	LHIN	<a href="mailto:Neil.McIntosh@LHINS.ON.CA">Neil.McIntosh@LHINS.ON.CA</a>
Lana Dunlop	TBC	Central West	LHIN	<a href="mailto:Lana.Dunlop@LHINS.ON.CA">Lana.Dunlop@LHINS.ON.CA</a>

## Sub-group Members (2 of 2)

Sub-group Member	Role	LHIN	Organization Type	Email Address
Rod Millard	Manager, Information Management	N/A	OACCAC	<a href="mailto:Rod.Millard@ccac-ont.ca">Rod.Millard@ccac-ont.ca</a>
Neman Khokhar	Senior Data & Health Information Specialist	North Simcoe Muskoka	LHIN	<a href="mailto:Neman.Khokhar@LHINS.ON.CA">Neman.Khokhar@LHINS.ON.CA</a>
Susan Pilatzke	Senior Integration Consultant	North West	LHIN	<a href="mailto:Susan.Pilatzke@LHINS.ON.CA">Susan.Pilatzke@LHINS.ON.CA</a>
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Penny Anguish	VP, Complex Care & Physical Rehabilitation Services and Chief Nursing Officer	North West	Post-acute Care	<a href="mailto:anguishp@tbh.net">anguishp@tbh.net</a>
Jody Wellings	LHIN Coordinator	Central West	LHIN	<a href="mailto:Jody.Wellings@LHINS.on.ca">Jody.Wellings@LHINS.on.ca</a>

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## Master Indicator List

- Master Indicator List is available as a separate attachment.

Master Indicator List (PDF):

ALC RMR Master Indicator List Approved Dec 2009.pdf

## Glossary of Terms (1 of 4)

***The Glossary of Terms provides meaning for terminology in the PRM and includes sources for definitions where applicable.***

Term	Definition
<b>Admission Criteria</b>	<ul style="list-style-type: none"> <li>• Clinical evidence-based criteria utilized by a professional to identify and determine the eligibility of a patient to be admitted to the institution based on appropriateness of health services required</li> </ul>
<b>Acceptance of Referral</b>	<ul style="list-style-type: none"> <li>• An institution (destination provider) accepts a referred patient for initiation of service and/or admission to the facility</li> </ul>
<b>Alternate Level of Care (ALC)</b>	<ul style="list-style-type: none"> <li>• When a patient is occupying a bed in a hospital and does not require the intensity of resources/services provided in this care setting (Acute, Complex Continuing Care, Mental Health or Rehabilitation), the patient must be designated Alternate Level of Care (ALC) at that time by the physician or her/his delegate</li> <li>• The ALC wait period starts at the time of designation and ends at the time of discharge/transfer to a discharge destination (or when the patient's needs or condition changes and the designation of ALC no longer applies)</li> </ul> <p>Source: Cancer Care Ontario website: <a href="http://www.cancercare.on.ca/cms/One.aspx?portalId=1377&amp;pageId=43214">http://www.cancercare.on.ca/cms/One.aspx?portalId=1377&amp;pageId=43214</a></p>
<b>CCAC Case Management</b>	<ul style="list-style-type: none"> <li>• CCAC is vested in case managers who must assess and review requirements, determine eligibility, and develop and evaluate the plans of service for CCAC services and authorize the expenditures of funds for services</li> </ul> <p>Source: MOHLTC website: <a href="http://www.health.gov.on.ca/english/providers/pub/manuals/ccac/ccac_6.pdf">http://www.health.gov.on.ca/english/providers/pub/manuals/ccac/ccac_6.pdf</a></p>

## Glossary of Terms (2 of 4)

Term	Definition
<b>Client Health and Registry Information System (CHRIS)</b>	<ul style="list-style-type: none"> <li>CHRIS is a comprehensive clinical case management system within the CCACs delivering a common set of functions related to Case Management, Care Planning, Placement, and Billing. A web based application that facilitates access from multiple locations over the internet; providing key functions supporting intake and referral, service planning and authorization, service matching and scheduling through an automated provider offer and response algorithm and electronic referrals, ordering of equipment and supplies, long-term placement and waitlist choice management, and short term bookings. CHRIS contains approximately 65 canned reports and is ODB compliant, notifying pharmacies of adds, extensions, renewals, and ends. CHRIS is EMPI ready based on a single data repository, fully MIS compliant for the Ministry of Health financial and Statistical Reporting.</li> </ul> <p><i>Source: OACCAC Information Systems, CHRIS Business Analyst</i></p>
<b>Complex Continuing Care (CCC)</b>	<ul style="list-style-type: none"> <li>Complex continuing care is a specialized program of care providing programs for medically complex patients whose condition requires a hospital stay, regular onsite physician care and assessment, and active care management by specialized staff</li> </ul> <p><i>Source: <a href="http://www.oha.com/CurrentIssues/Issues/eHealth/Documents/Optimizing_the_Role_of_CCCandRehab.pdf">http://www.oha.com/CurrentIssues/Issues/eHealth/Documents/Optimizing_the_Role_of_CCCandRehab.pdf</a></i></p>
<b>Convalescent Care Program</b>	<ul style="list-style-type: none"> <li>Convalescent Care Program provides Long-Term Care (LTC) beds for patient who require convalescent care for stays of less than 90 days. The program will help patients recover their strength, endurance and functioning after discharge from hospital and before returning home</li> </ul> <p><i>Source: <a href="http://www.health.gov.on.ca/english/providers/pub/manuals/ccac/cspm_sec_11/11-10.html">http://www.health.gov.on.ca/english/providers/pub/manuals/ccac/cspm_sec_11/11-10.html</a></i></p>
<b>Denial of Referral</b>	<ul style="list-style-type: none"> <li>An institution (destination provider) denies a referred patient from admission to the facility</li> </ul>
<b>Discharge Criteria</b>	<ul style="list-style-type: none"> <li>Clinical evidence-based criteria utilized by a professional to identify and determine the patient is appropriate to be discharged from the institution based on the current condition and no longer requires the services of care at the current Level of Care (LOC) and is ready to transition to a destination with a lower LOC</li> </ul>

## Glossary of Terms (3 of 4)

Term	Definition
<b>Discharge Planners</b>	<ul style="list-style-type: none"> <li>Qualified health care professionals who ensure the consistent application of the discharge planning process including the early needs identification, assessment, and goal setting. Furthermore discharge planners have an integral part in the planning, implementation, coordination and evaluation of client's and families care needs</li> </ul> <p>Source: <a href="http://www.adpco.ca/newsfiles/Position%20Statement.pdf">http://www.adpco.ca/newsfiles/Position%20Statement.pdf</a></p>
<b>eReferral</b>	<ul style="list-style-type: none"> <li>A referral made electronically to direct a patient from a source caregiver to a target caregiver (health professional or institution), recommending the type and level of care required by the patient in a secure and efficient manner</li> </ul>
<b>Home</b>	<ul style="list-style-type: none"> <li>A destination where a patient resides after discharge from an institution and may receive family support, in-home services and/or structural changes</li> </ul>
<b>Home with CCAC</b>	<ul style="list-style-type: none"> <li>A destination where a patient resides after discharge from an institution and receives services through the coordination of CCAC (e.g. assistance from personal support workers)</li> </ul>
<b>Level of Care</b>	<ul style="list-style-type: none"> <li>A series of broad categories of services of care provided to patients with different needs, ranging from low to high intensity</li> </ul>
<b>Long-Term Care (LTC)</b>	<ul style="list-style-type: none"> <li>A long-term care (LTC) home provides care and services for people who no longer are able to live independently or who require onsite nursing care, 24-hour supervision or personal support. Nursing homes under the <i>Nursing Homes Act</i>, approved charitable homes for the aged under the <i>Charitable Institutions Act</i> and homes under the <i>Homes for the Aged and Rest Homes Act</i> are all LTC homes</li> </ul> <p>Source: MOHLTC website: <a href="http://www.health.gov.on.ca/english/public/program/ltc/28_pr_glossary.html">http://www.health.gov.on.ca/english/public/program/ltc/28_pr_glossary.html</a></p>

## Glossary of Terms (4 of 4)

Term	Definition
<b>Palliative Care</b>	<ul style="list-style-type: none"> <li>Services provided to patients and their significant others with life-limiting, chronic or terminal illness. The goal is to provide pain and symptom management and/or quality end-of-life care which is delivered by the inter-professional team</li> </ul>
<b>Pathway</b>	<ul style="list-style-type: none"> <li>A specific route a referral may take between service providers</li> </ul>
<b>Post-Acute Care Identification Date</b>	<ul style="list-style-type: none"> <li>The date when the decision is made by the physician/delegate in collaboration with an inter-professional health care team (when available), as to where a patient is to be discharged or transferred.</li> </ul> <p><i>Source: WTIS-ALC INTERIM UPLOAD TOOL DATA DEFINITIONS for ALC Discharge Destination Determination Date (Version 03- July 16, 2009)</i></p>
<b>Referral Event</b>	<ul style="list-style-type: none"> <li>An action on a referral, triggered by a user (examples include sending a referral, revising a referral, responding to a referral)</li> </ul>
<b>Referral Life Cycle</b>	<ul style="list-style-type: none"> <li>The collection of states and transitions that referrals pass through from inception to completion</li> </ul>
<b>Referral State</b>	<ul style="list-style-type: none"> <li>Condition of a referral at a certain point in the referral life cycle, may also be referred to as a status</li> </ul>
<b>Referral Transition</b>	<ul style="list-style-type: none"> <li>The transformation from one referral state to another, triggered by a referral event</li> </ul>
<b>Rehabilitation Services</b>	<ul style="list-style-type: none"> <li>Services provided to patients who had an illness or injury and are in the process of restoring skills to regain maximum self-sufficiency and function in normal or as near normal manner; services may include physiotherapy, occupational therapy, speech-language pathology therapy, and recreational therapy</li> </ul>
<b>Resource Matching</b>	<ul style="list-style-type: none"> <li>The process of using the RM&amp;R solution to query a directory of facilities, programs and services that may meet the patient's needs within the identified LOC</li> </ul>

## Useful Acronyms

ADT	Admit, Discharge & Transfer	CIAT	Common Intake Assessment Tool	LTC	Long-Term Care
ALC	Alternate Level of Care	EDW	Enterprise Data Warehouse	MOHLTC	Ministry of Health and Long-Term Care
ALOS	Average Length of Stay	ER	Emergency Room	PIA	Privacy Impact Assessments
ATC	Access to Care	HIS	Health Information System	PRM	Provincial Reference Model
BI	Business Intelligence	HSP	Health Service Provider	RAI-HC	Resident Assessment Instrument-Home Care
CAD	Canadian Dollar	ICU	Intensive Care Unit	RM&R	Resource Matching and Referral
CCAC	Community Care Access Centre	KPIs	Key Performance Indicators	TRA	Threat Risk Assessment
CCC	Complex Continuing Care	LHIN	Local Health Integration Network	WTIS	Wait Times Information System
CCO	Cancer Care Ontario	LOC	Level of Care		
CHRIS	Client Health and Registry Information System	LOS	Length of Stay		