



Quarterly Performance Measurement Report

February 2025





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Summary : Latest Month Report

#	Indicator	Unit of Measure	Reporting Period	Proposed Target	Current Performance (lower is better)	Status	Change since last report
1	Caregiver distress among home care clients	%	Dec 2024	<= 56%	55.8%		 Slippage from 54.9%
2	Hospitalization rate for conditions that can be managed outside hospital (asthma, diabetes, chronic obstructive pulmonary disease, heart failure, hypertension, angina and epilepsy)	Rate per 100,000 population	Dec 2024	<= 20.4 monthly (61.2 quarterly) (244.8 annually)	23.8		 Improvement from 27.9
3	Total ALC (Acute and Non-Acute)	%	Dec 2024	<=16.7%	16.9%		 Slight slippage from 15.8%
4	Frequent Emergency Room Visits for Help With Mental Health and/or Addictions	%	Dec 2024	<=10.0%	15.7%		 Slippage from 13.4%

Performance Corridors:  Greater than 10% of Target  Within 10% of Target  Meets Target

Data Availability

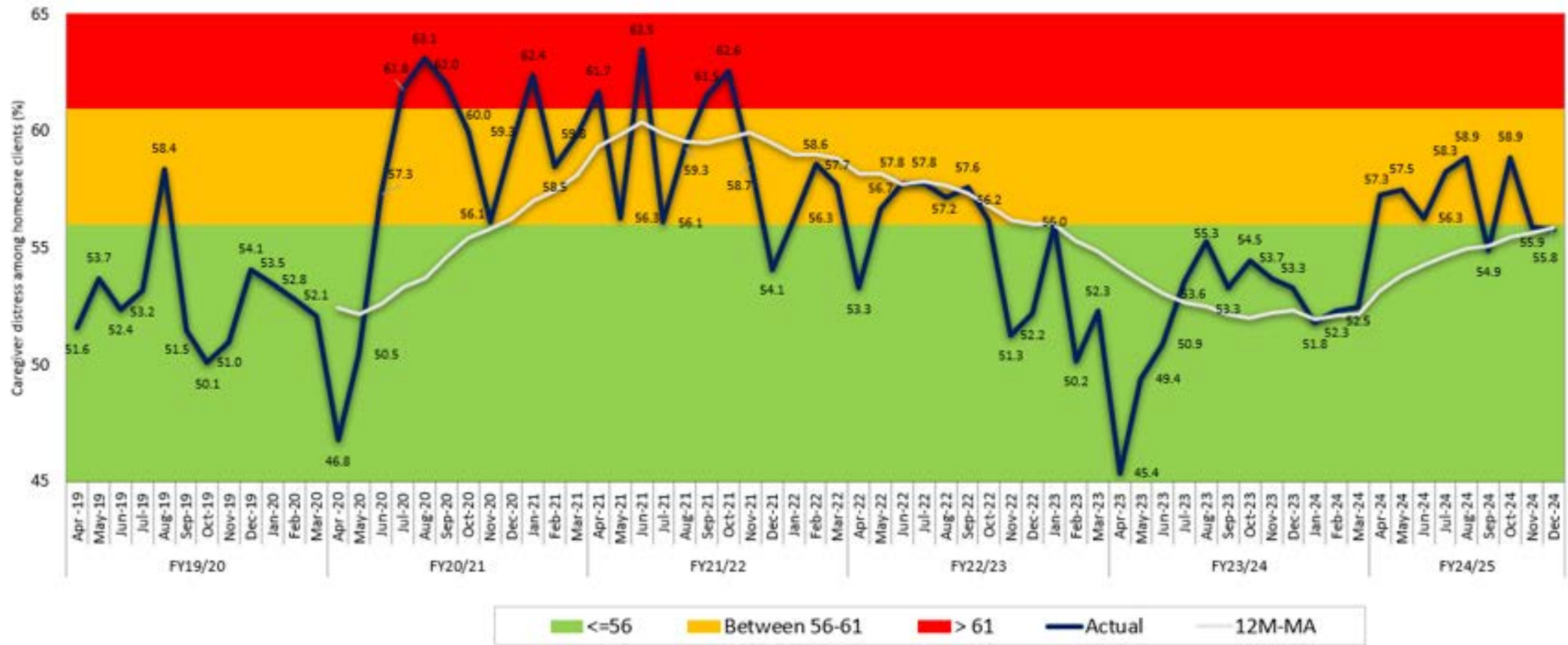
Indicator	Status - FY2024/25 data												Comments
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
1. Caregiver Distress Among Homecare Clients(%)	✓	✓	✓	✓	✓	✓	✓	✓	✓				Date Source - Inter-RAI
2. Ambulatory Care Sensitive Conditions Best Managed Elsewhere (Rate)	✓	✓	✓	✓	✓	✓	✓	✓	✓				Data Source: IDS
3. Total ALC (Acute and Non-Acute) Rate (%)	✓	✓	✓	✓	✓	✓	✓	✓	✓				Data Source: Change from DAD to CCO-WTIS
4. Frequent ED Visits for Help with Mental Health and Addiction (%)	✓	✓	✓	✓	✓	✓	✓	✓	✓				Data Source: NACRS

✓	Monthly data received
✗	Monthly data NOT received



Caregiver Distress Among Homecare Clients

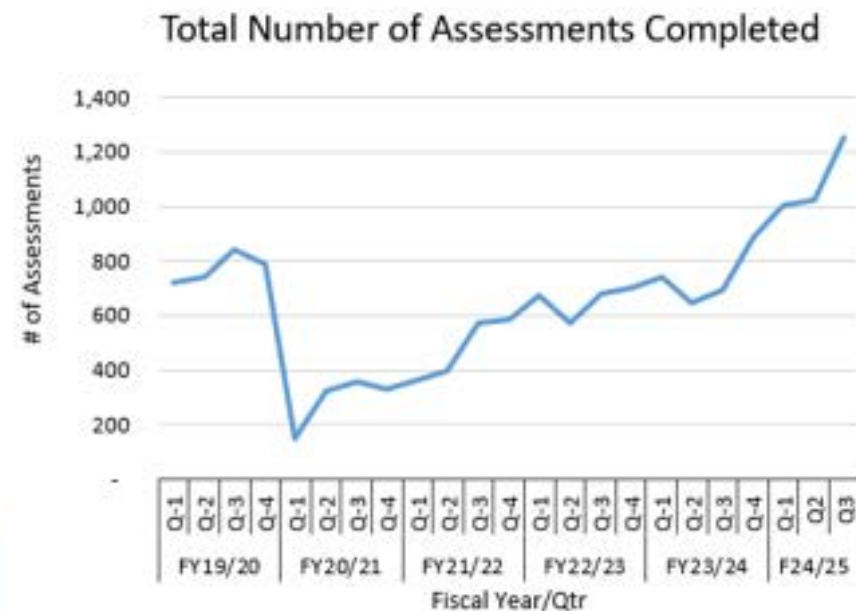
Caregiver Distress Among Homecare Clients (%): April 2019 to Dec 2024



- Caregiver distress among homecare clients increased significantly during the pandemic and continued relatively high until October 2021, when a downward trend began.
- Since April 2024, we have once again been on an upward trend.

Number of Completed Homecare Assessments by Fiscal Quarter, and Fiscal Year

FY/Qtr	FY19/20	FY20/21	FY21/22	FY22/23	FY23/24	FY24/25
Q-1	720	151	361	673	743	1,005
Q-2	740	322	397	570	644	1,025
Q-3	841	359	572	677	692	1,254
Q-4	787	331	588	703	886	
Total	3,088	1,163	1,918	2,623	2,965	3,284

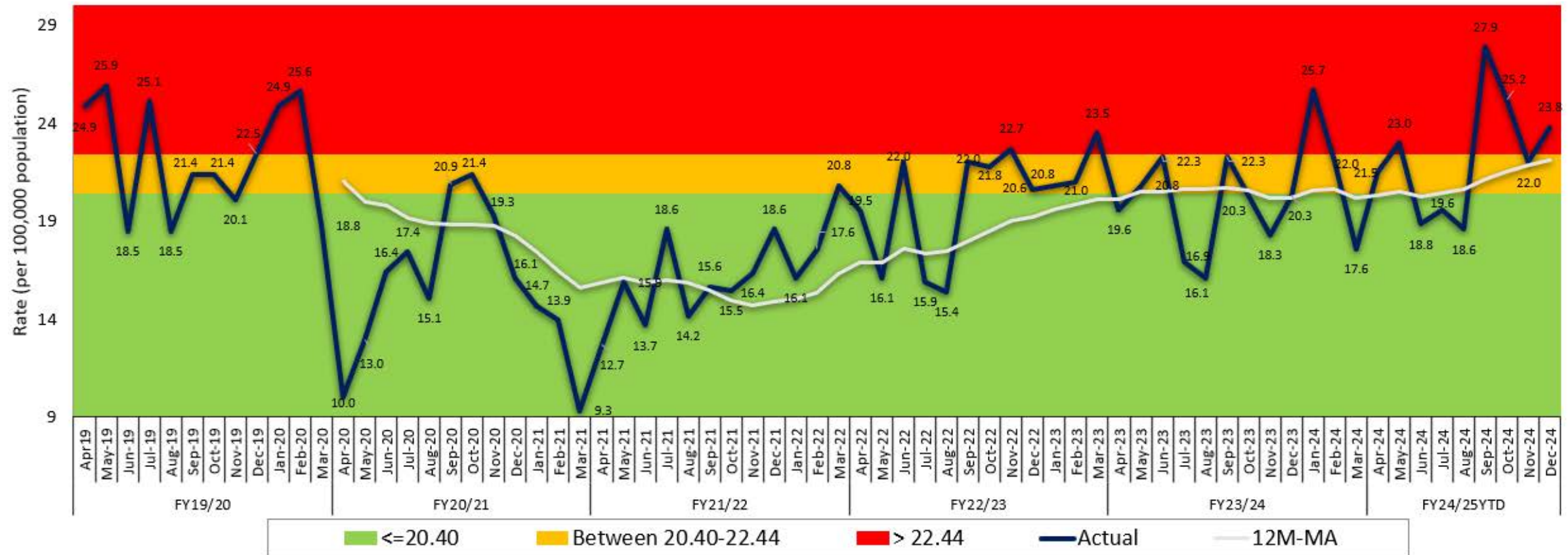


- 3,088 interRAI HC assessments were completed in FY2019/20.
- This decreased significantly in FY2020/21 to 1,163 assessments.
- In FY2021/22, the number of assessments rose to 1,918, still below pre-pandemic levels but a jump from 20/21.
- In FY2022/23, the number of assessments rose to 2,623, a significant jump from 21/22 but still below pre-pandemic levels.
- In FY2023/24, the number of assessments rose to 2,965, a significant jump from 22/23 but still below pre-pandemic levels.
- In FY2024/25 Q3, the number of assessments rose to 1,254, a significant jump from 23/24Q3, comparatively, and above pre-pandemic levels.



Ambulatory Care Sensitive Conditions Best Managed Elsewhere

Ambulatory Care Sensitive Conditions Best Managed Elsewhere (ACSC) (%): Apr 2019 to Dec 2024

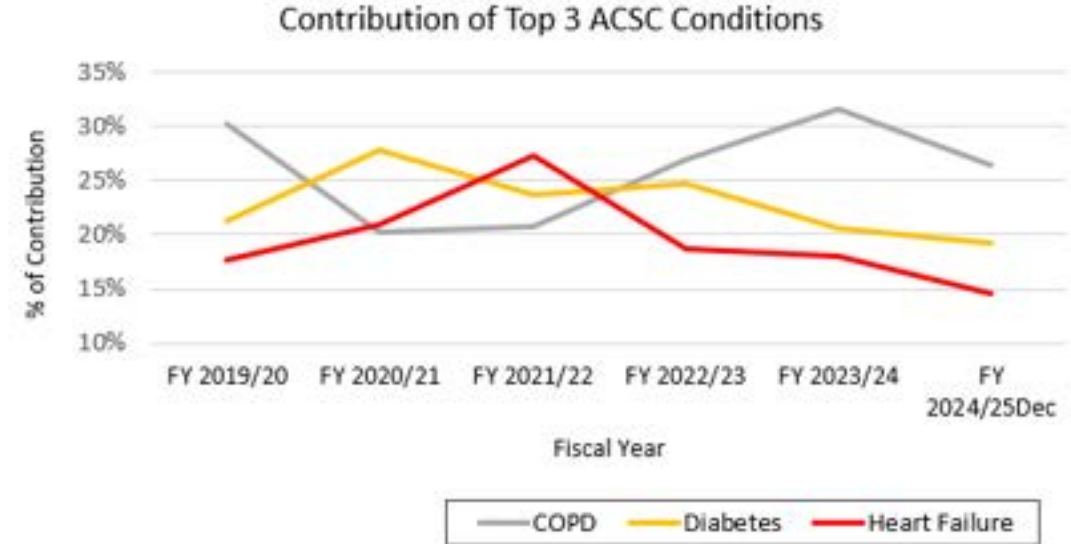


- The rate of ACSC best managed elsewhere decreased during the pandemic.
- This could potentially be an artificial decrease based on patients deferring to seek face-to-face care or having the option of virtual care.
- Since Q3 FY2021/22 we can see an upward trend in rates.

Note: The ACSC BME calculation has been updated, beginning in Apr 2021, to reflect 2021 Census Data

Contribution of Ambulatory Care Sensitive Conditions (in %) by Fiscal Year: FY2019/20 to FY2024/25 Dec (YTD)

Diagnosis	FY 2019/20	FY 2020/21	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25 Dec
COPD	30.2%	20.3%	20.8%	27.0%	31.5%	26.5%
Diabetes	21.3%	27.9%	23.7%	24.7%	20.6%	19.3%
Heart Failure	17.7%	20.9%	27.2%	18.7%	18.1%	14.5%
Angina	2.5%	3.0%	1.9%	1.8%	1.7%	1.3%
Asthma	11.8%	5.2%	9.7%	13.3%	10.9%	16.4%
Epilepsy	12.5%	16.8%	12.4%	11.1%	12.3%	15.4%
Hypertension	4.0%	5.9%	4.3%	3.3%	5.0%	6.6%



The top 3 ACSC Conditions (Chronic Obstructive Pulmonary Disease (COPD), Diabetes, Heart Failure) accounted for

- 69.2% in FY2019/20, with the most prevalent being 'COPD' at 30.2%
 - 69.1% in FY2020/21, with the most prevalent being 'Diabetes' at 27.9%
 - 71.7% in FY2021/22, with the most prevalent being 'Heart Failure' at 27.2%
 - 70.4% in FY2022/23, with the most prevalent being 'COPD' at 27.0%
 - 70.2% in FY2023/24, with the most prevalent being 'COPD' at 31.5%
 - 60.3% in FY2024/25 Dec(YTD), with the most prevalent being 'COPD' at 26.5%
- **COPD** had a decrease of 9.9% points in FY2020/21, a slight increase of 0.5% points in FY2021/22, a significant increase of 6.2% points in FY2022/23, an increase of 4.5% points in FY2023/24, **and a decrease of 5.0% points in FY2024/25 Dec (YTD)**
 - **Diabetes** had a significant increase of 6.6% points in FY2020/21, a decrease of 4.2% points in FY2021/22, a slight increase of 1.0% points in FY2022/23, a decrease of 4.1% points in FY2023/24, **and decrease of 1.3% points in FY2024/25 Dec (YTD)**
 - **Heart Failure** had an increase of 3.2% points in FY2020/21, 6.3% points in FY2021/22, a significant decrease of 8.5% points in FY2022/23, a slight decrease of 0.6% points in FY2023/24, **and a decrease of 3.6% points in FY2024/25 Dec (YTD)**

Average Monthly Ambulatory Care Sensitive Conditions Best Managed Elsewhere (ACSC) (%) By Neighbourhood

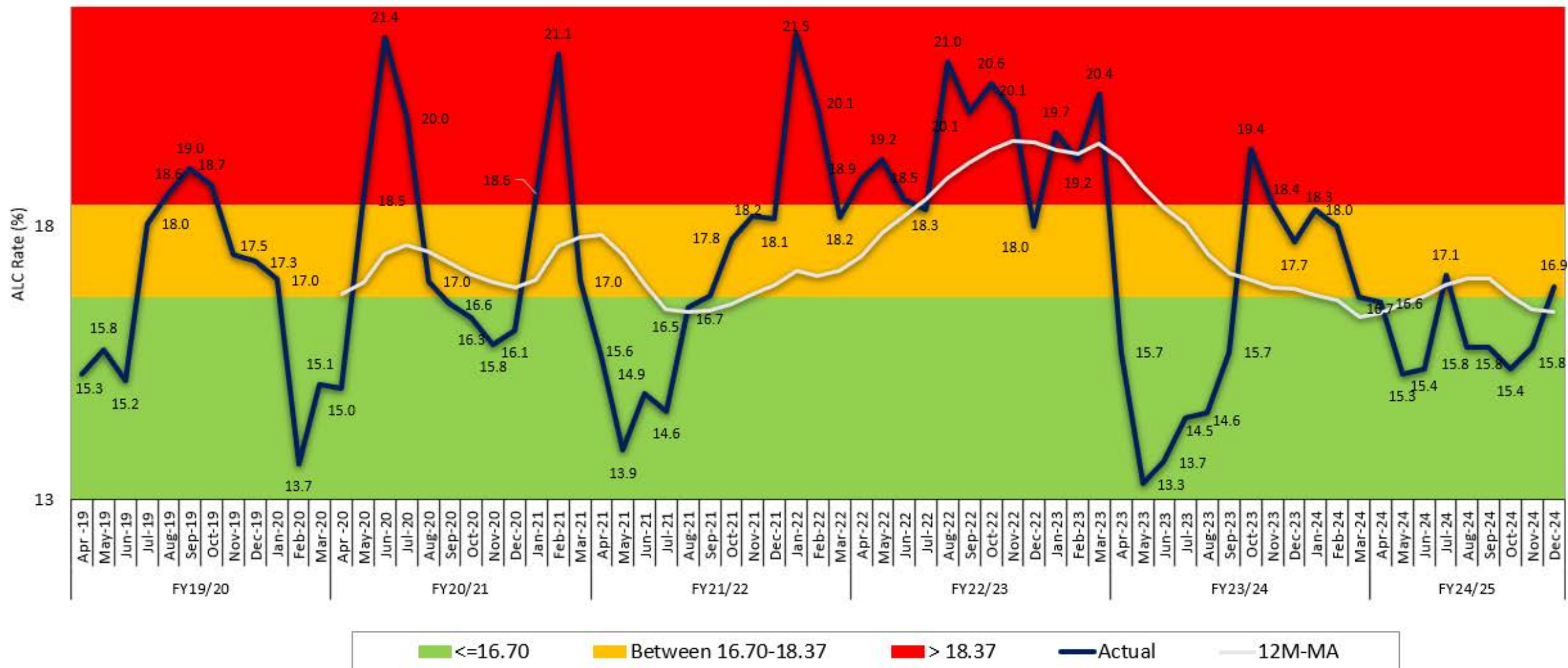
	FSA Description	Population 0-75 years	Ambulatory Care Sensitive Conditions Best Managed Elsewhere (ACSC) (Rate/100K) – <u>All 7 Conditions</u> (asthma, diabetes, COPD, heart failure, hypertension, angina and epilepsy)					Ambulatory Care Sensitive Conditions Best Managed Elsewhere (ACSC) (Rate/100K) - <u>COPD</u>					Ambulatory Care Sensitive Conditions Best Managed Elsewhere (ACSC) (Rate/100K) - <u>Diabetes</u>					Ambulatory Care Sensitive Conditions Best Managed Elsewhere (ACSC) (Rate/100K) - <u>Heart Failure</u>				
			2019-20	2020-21	2021-22	2022-23	2023-24	2019-20	2020-21	2021-22	2022-23	2023-24	2019-20	2020-21	2021-22	2022-23	2023-24	2019-20	2020-21	2021-22	2022-23	2023-24
Kitchener	Kitchener(East)-N2A	30,030	19.7	16.4	19.7	23.3	29.4	7.8	4.2	4.2	5.8	9.2	2.8	1.9	4.2	6.9	5.8	2.8	4.7	5.8	3.1	8.6
	Kitchener Northeast-N2B	15,470	29.1	20.5	23.2	31.8	31.8	10.8	4.8	3.2	14.0	12.9	3.8	5.9	6.5	5.4	10.8	7.0	6.5	7.0	5.9	2.2
	Kitchener(Southcentral)-N2C	16,175	26.8	19.1	25.8	25.2	35.5	6.2	4.6	6.2	8.2	12.9	4.1	6.2	7.2	3.6	3.6	6.2	3.6	2.6	5.7	9.3
	Kitchener(Southwest)-N2E	38,405	17.4	12.2	15.0	16.3	19.1	3.5	2.2	2.6	2.6	6.9	4.1	2.4	4.6	5.6	3.9	3.5	2.2	3.3	3.0	4.1
	Kitchener(Central)-N2G	13,305	37.6	33.8	40.1	37.6	49.5	13.2	9.4	7.5	8.8	18.2	8.1	8.8	13.8	8.8	8.1	9.4	4.4	10.6	8.1	8.8
	Kitchener(NorthCentral)-N2H	20,965	27.4	27.8	29.8	34.6	30.6	10.7	8.7	13.9	14.7	10.3	6.0	8.3	7.9	9.9	6.4	2.8	3.6	3.6	3.2	4.4
	Kitchener(Northwest)-N2M	33,960	27.5	21.8	28.0	33.4	33.6	12.0	4.7	6.9	10.8	12.5	3.7	8.6	4.2	6.6	6.6	5.2	4.4	10.3	5.9	2.9
	Kitchener(West)-N2N	24,895	15.1	13.7	13.1	17.7	19.1	3.7	1.7	1.7	5.0	4.4	3.3	3.3	1.7	3.3	2.0	1.3	3.7	4.7	4.4	4.7
	Kitchener(Southeast)-N2P	23,990	9.7	5.9	7.6	10.8	11.5	2.8	0.7	1.4	2.4	2.8	1.7	1.4	1.4	1.7	2.4	1.7	0.7	3.1	1.0	2.8
	Kitchener(South)-N2R	18,165	6.0	6.0	7.3	11.9	14.2	0.0	0.9	0.5	0.5	1.8	0.9	0.5	0.9	3.7	2.3	0.9	1.4	1.4	1.8	0.9
Waterloo	Waterloo(Southeast)-N2J	18,660	26.3	14.7	17.9	31.3	21.4	8.9	3.1	2.7	9.8	9.4	6.7	4.0	1.8	6.3	2.7	4.5	3.1	6.7	8.9	5.8
	Waterloo(East)-N2K	27,775	12.9	5.4	10.8	14.4	9.6	2.7	0.9	1.5	2.1	2.1	2.7	0.9	3.0	2.4	2.4	3.3	2.1	3.3	4.8	2.1
	Waterloo(South)-N2L	34,975	15.0	8.8	15.5	17.6	11.7	3.8	0.7	3.3	3.8	3.1	5.7	3.6	5.0	6.0	3.1	1.4	1.7	3.8	3.8	1.9
	Waterloo(Southwest)-N2T	19,365	12.0	8.6	10.3	9.9	11.6	3.0	0.4	0.9	1.3	2.2	5.6	3.9	2.2	1.7	1.7	0.9	2.6	2.6	2.2	2.2
	Waterloo(Northwest)-N2V	18,565	12.6	6.7	10.3	10.3	7.6	0.4	1.3	0.4	1.8	0.4	4.5	1.8	2.7	2.7	3.6	1.8	0.9	4.5	2.7	0.9
Rural	Wellington County & Rural Waterloo Region-N0B (<i>extends beyond KW4</i>)	80,585	3.0	1.8	3.6	3.4	3.5	0.7	0.1	0.5	0.7	0.9	0.3	0.7	1.0	1.0	1.1	0.8	0.4	1.0	0.5	0.4
	New Hamburg(Baden)-N3A	15,490	7.5	8.1	9.7	15.1	10.8	3.2	2.7	1.1	4.8	4.3	2.2	2.2	3.2	3.8	2.2	0.5	1.6	1.6	2.2	1.1
	Elmira-N3B	12,110	16.5	9.6	11.7	8.3	17.9	3.4	0.0	3.4	0.7	2.8	3.4	4.1	1.4	2.8	6.9	4.1	1.4	1.4	1.4	2.1

- The average monthly rate of ACSC best managed elsewhere varies by neighbourhood. In 2023/24, the rate per 100K population ranged from a high of 49.5 (Kitchener Central - N2G) to a low of 3.5 (Wellington County & Rural Waterloo Region - N0B).



Alternative Level of Care (ALC)

Total ALC (Acute and Non-Acute) Rate (%) - April 2019 to Dec 2024



- Overall, the KW4 ALC rate has fluctuated over the past 5½ years.
- There was an upward trend since the beginning of the pandemic and a downward trend beginning in the third quarter of FY2022/23.
- FY 2024/25 Dec YTD, the average ALC rate is 16.1% which is below our target of 16.7%.

ALC Open Cases as of December 2024

Cumulative ALC Days of Open Patients Designated ALC by Discharge Destination - December 2024

Facility	Open Cases				% of Cumulative ALC Days											
	Volume (Dec 2024)	Volume (Dec 2023)	%Change (Dec2024 vs. Dec 2023)	Cumulative ALC Days (Dec 2024)	Long Term Care	Rehab	Complex Continuing Care	Home with CCAC	Home with Comm. Services	Home without Support	Supervised or Assisted Living	Convalescent Care	Mental Health	Palliative Care	Unknown	TBD
St. Mary's	12	21	-43%	302	71.00%	13.00%	9.00%	0.00%	0.00%	0.00%	0.30%	0.00%	0.00%	7.00%	0.00%	0.00%
Grand River	116	114	2%	4,272	72.00%	4.00%	2.00%	0.50%	5.00%	0.00%	6.00%	0.00%	1.00%	1.00%	9.00%	0.00%
Total	128	135	-5%	4,574	71.90%	4.60%	2.50%	0.50%	4.70%	0.00%	5.60%	0.00%	0.90%	1.40%	8.40%	0.00%

Cumulative ALC Days Contributor - Top 3 Discharge Destination (excl. TBD)

1st

2nd

3rd

Source - Waterloo Wellington Sub-Region Monthly Alternate Level of Care Performance Summary - December 2024

As of Dec. 2024:

- There were 128 patients designated ALC on the waitlist in the two KW4 OHT hospitals.
- These patients have accumulated 4,574 ALC days
- Of the cumulative ALC Days 71.9% were attributed to patients waiting for Long Term Care.

ALC Rate by Facility, Service Type, and Fiscal Year FY19/20 to FY24/25 Dec

Facility	ALC Rate						Year Over Year (YOY) Change in ALC Days				
	FY19/20	FY20/21	FY21/22	FY22/23	FY23/24	FY24/25Q3 YTD	(19/20, 20/21)	(20/21, 21/22)	(21/22, 22/23)	(22/23, 23/24)	(23/24, 24/25 Q3)
GRH	16.9%	19.1%	18.3%	20.4%	17.4%	17.4%	2.2%	-0.8%	2.1%	-2.9%	0.0%
Acute	12.8%	20.5%	22.5%	26.4%	21.4%	23.0%	7.7%	2.0%	3.9%	-4.9%	1.6%
Post Acute	21.2%	17.1%	12.0%	11.4%	11.7%	9.5%	-4.1%	-5.1%	-0.6%	0.3%	-2.2%
CCC	24.6%	18.4%	14.2%	12.7%	12.0%	14.5%	-6.2%	-4.2%	-1.5%	-0.7%	2.5%
MH	20.7%	17.6%	10.6%	10.9%	12.1%	6.0%	-3.1%	-7.1%	0.4%	1.2%	-6.1%
Rehab	11.3%	11.5%	10.0%	9.9%	10.1%	7.6%	0.2%	-1.5%	-0.1%	0.2%	-2.6%
SMGH-Acute	17.4%	13.3%	13.7%	17.1%	12.8%	11.4%	-4.1%	0.4%	3.4%	-4.3%	-1.4%
KW4 Total	17.0%	17.8%	17.2%	19.6%	16.3%	16.1%	0.8%	-0.6%	2.4%	-3.3%	-0.2%
KW4-Acute	14.3%	18.2%	19.6%	23.3%	18.5%	19.3%	3.9%	1.4%	3.7%	-4.9%	0.8%
KW4-Post Acute	21.2%	17.1%	12.0%	11.4%	11.7%	9.5%	-4.1%	-5.1%	-0.6%	0.3%	-2.2%

KW4 Total ALC Rate:

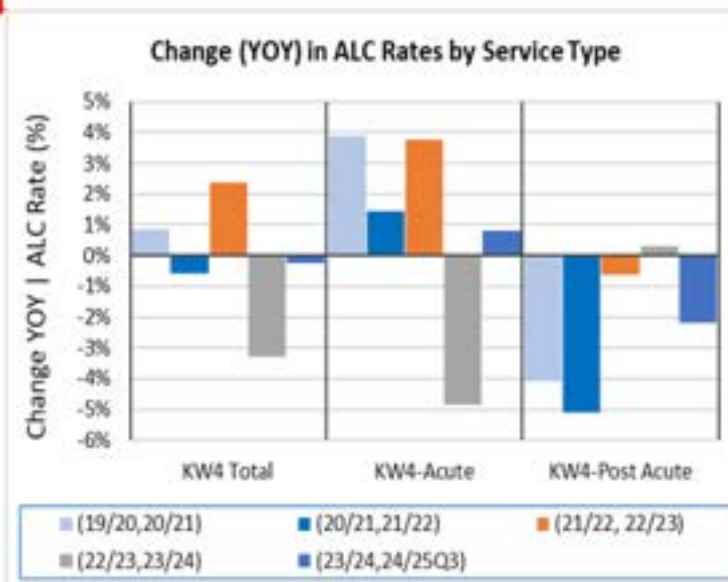
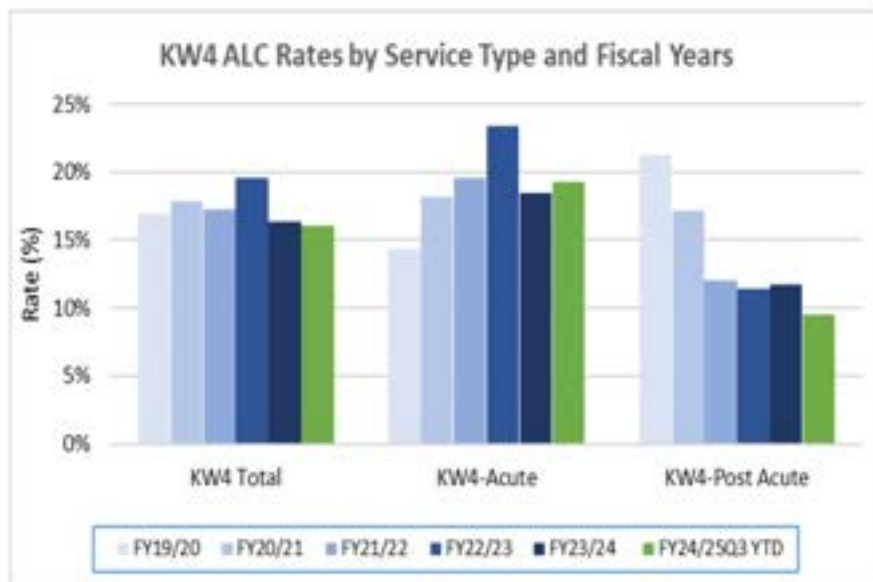
- increased 0.8% points between FY19/20 and 20/21
- decreased 0.6% points between FY 20//21 and 21/22
- increased 2.4% points between FY21/22 and 22/23
- decreased 3.3% points between FY22/23 and 23/24
- decreased 0.2% points between FY23/24 and 24/25 Q3
- **decreased 0.9% points over the last 5^{3/4} years**

KW4 Acute ALC Rate:

- increased 3.9% points in between FY19/20 and 20/21
- increased 1.4% points between FY 20//21 and 21/22
- increased 3.7% points between FY21/22 and 22/23
- decreased 4.9% points between FY22/23 and 23/24
- increased 0.8% points between FY23/24 & 24/25 Q3
- **increased 5.0% points over the last 5^{3/4} years**

KW4 Post Acute ALC Rate:

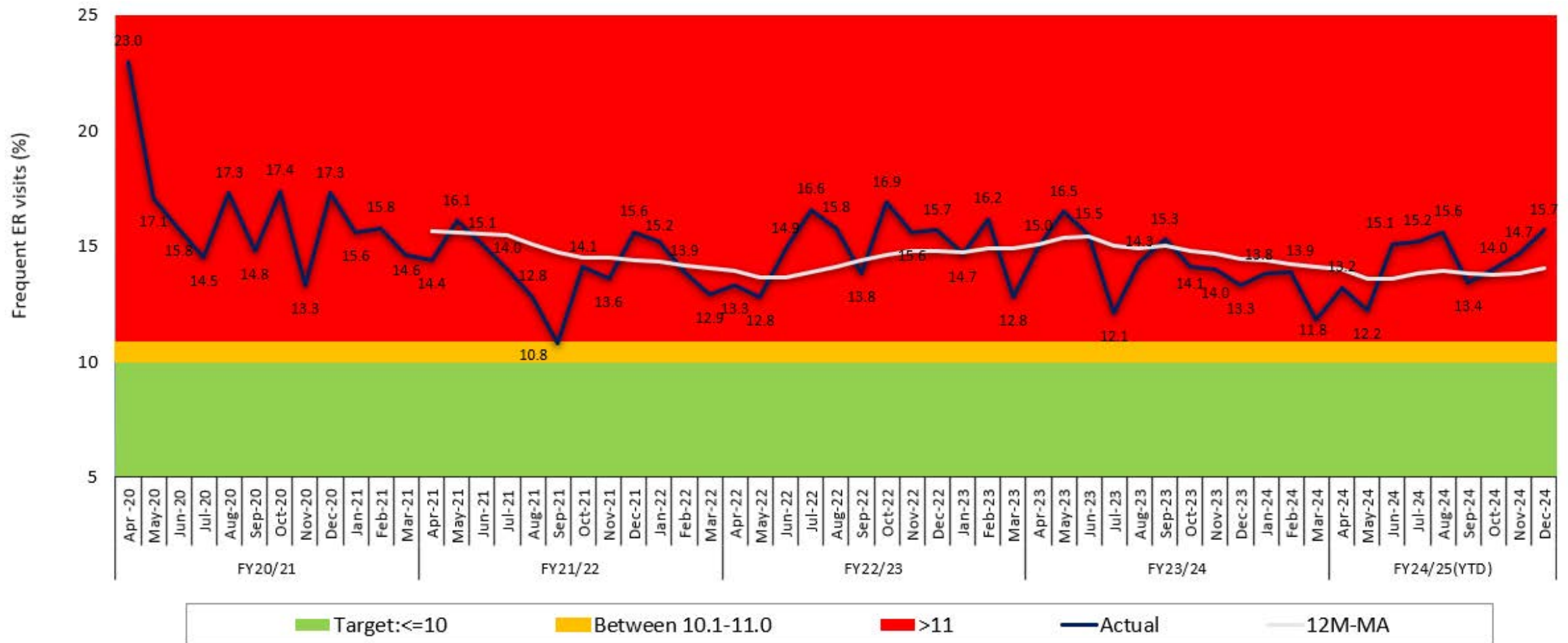
- decreased 4.1% points between FY19/20 and 20/21
- decreased 5.1% points between FY 20//21 and 21/22
- decreased 0.6% points between FY21/22 and 22/23
- increased 0.3% points between FY22/23 and 23/24
- decreased 2.2% points between FY23/24 & 24/25 Q3
- **decreased 11.7% points over the last 5^{3/4} years**





Frequent Emergency Department Visits for Help with Mental Health and Addictions

Frequent ER Visits For Help with Mental Health & Addictions (%) - April 2020 to Dec 2024



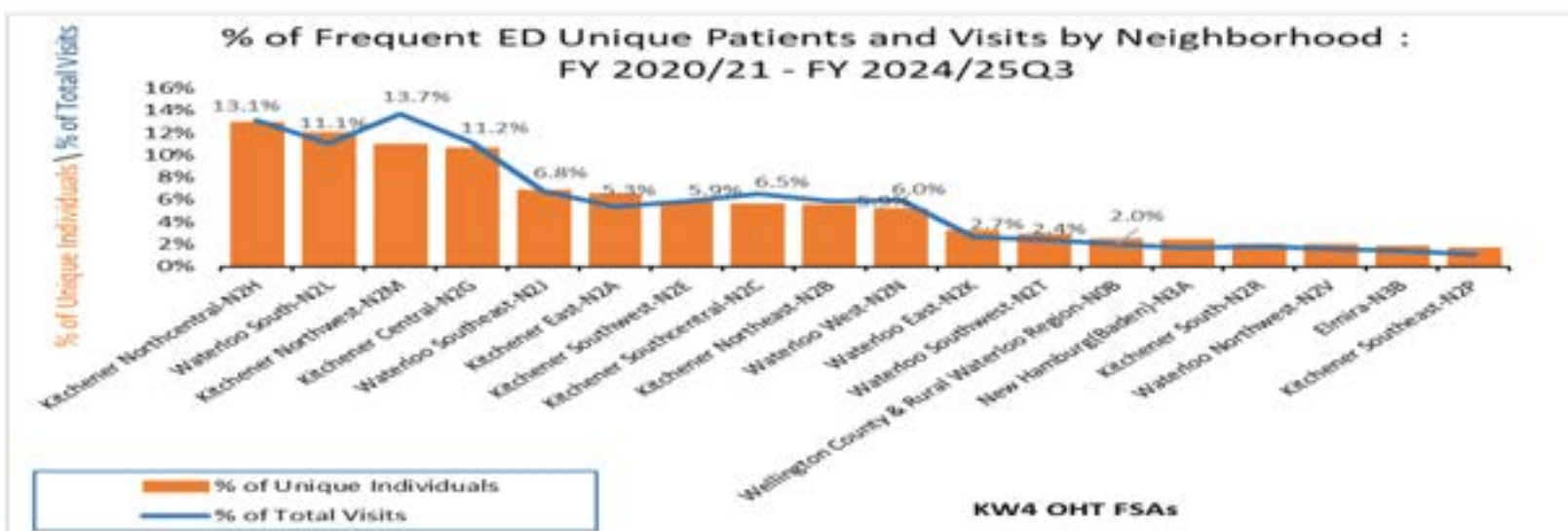
- Overall, there was been a downward trend in frequent ER visits for help with mental health and addictions in FY 20/21 and 21/22.
- This was followed by an upward trend in FY 22/23.
- In 2023/24 we saw a downward trend which is continuing into 2024/25, however performance is still well above our target.

KW4 OHT: Unique # of Patients and ED Visits by Neighbourhood : FY 20/21 to 24/25Q3

>=4 Visits																
FSA	Population(2021 Census)	% of Population	Unique# of Individuals					# of Visits					5 Fiscal Years			
			FY2020/21	FY2021/22	FY2022/23	FY2023/24	FY2024/25Q3	FY2020/21	FY2021/22	FY2022/23	FY2023/24	FY2024/25Q3	Total :Unique# of Individuals	Total # of Visits	% of Unique Individuals	% of Total Visits
KW4 Priority Neighbourhoods	91,210	18%	88	82	95	103	107	708	622	668	814	1185	475	3997	40.1%	44.5%
Kitchener Central-N2G	14,580	3%	22	25	24	29	26	180	179	153	209	282	126	1003	10.6%	11.2%
Kitchener Northcentral-N2H	22,455	5%	27	28	30	33	35	252	216	206	228	278	153	1180	12.9%	13.1%
Kitchener Northwest-N2M	36,495	7%	27	18	30	24	31	206	147	214	216	446	130	1229	11.0%	13.7%
Kitchener Southcentral-N2C	17,680	4%	12	11	11	17	15	70	80	95	161	179	66	585	5.6%	6.5%
Other KW4 Neighbourhoods	405,360	82%	146	156	140	129	138	928	1,037	865	859	1298	710	4991	59.9%	55.5%
KW4 OHT FSAs Total	496,570	100%	234	238	235	232	245	1,636	1,659	1,533	1673	2483	1185	8988	80%	85%
Other FSAs/Non-KW4 OHT FSAs													290	1,549	20%	15%

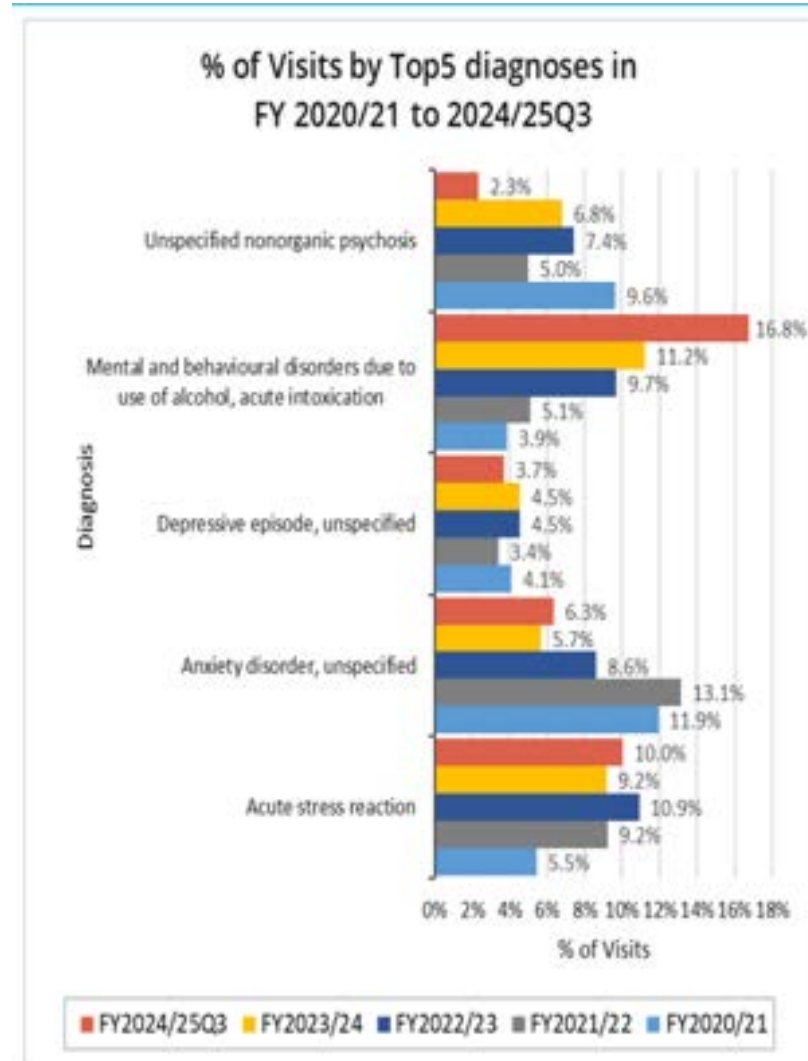
Between FY20/21 and 24/25 Q3; 1,185 unique individuals residing in KW4 had four or more ED visits for help with MH&A, totaling 8,988 visits.

- Our four priority neighbourhoods (**N2C, N2G, N2H, N2M**) account for only 18% of KW4's population but 44.5% of the visits and 40.1% of the individuals from KW4
- The other fourteen KW4 neighbourhoods account for 82% of KW4's population but 55.5% of the visits and 59.9% of unique individuals.
- Although the Waterloo South Neighbourhood (N2L) appears to have a high percentage of visits (11.1%) this is in line with the % of the people who reside there (8%) of KW4's population and therefore this neighbourhood does not appear to be disproportionately represented.
- 15% of the visits to a hospital located within KW4 and 20% of the individuals reside outside KW4 OHT neighbourhoods.



Unique # of Patients and # of ED Visits by Top 5 Diagnoses in FY2020/21 to 24/25Q3

Diagnosis	% of Unique Individuals					% of Visits					Total % of Unique Individuals	Total % of Visits
	FY2020/21	FY2021/22	FY2022/23	FY2023/24	FY2024/25Q3	FY2020/21	FY2021/22	FY2022/23	FY2023/24	FY2024/25Q3		
Acute stress reaction	6.5%	9.4%	11.2%	9.8%	10.8%	5.5%	9.2%	10.9%	9.2%	10.0%	9.7%	9.1%
Anxiety disorder, unspecified	12.9%	14.4%	9.4%	6.5%	6.8%	11.9%	13.1%	8.6%	5.7%	6.3%	9.4%	8.4%
Depressive episode, unspecified	5.4%	3.6%	4.5%	4.1%	5.1%	4.1%	3.4%	4.5%	4.5%	3.7%	4.5%	4.1%
Mental and behavioural disorders due to use of alcohol, acute intoxication	4.3%	5.4%	6.3%	9.8%	13.3%	3.9%	5.1%	9.7%	11.2%	16.8%	8.4%	10.1%
Unspecified nonorganic psychosis	11.5%	6.1%	7.3%	8.2%	3.5%	9.6%	5.0%	7.4%	6.8%	2.3%	7.2%	6.1%
Total	40.6%	39.0%	38.8%	38.4%	39.6%	35.0%	35.9%	41.1%	37.5%	39.2%	39.2%	37.8%

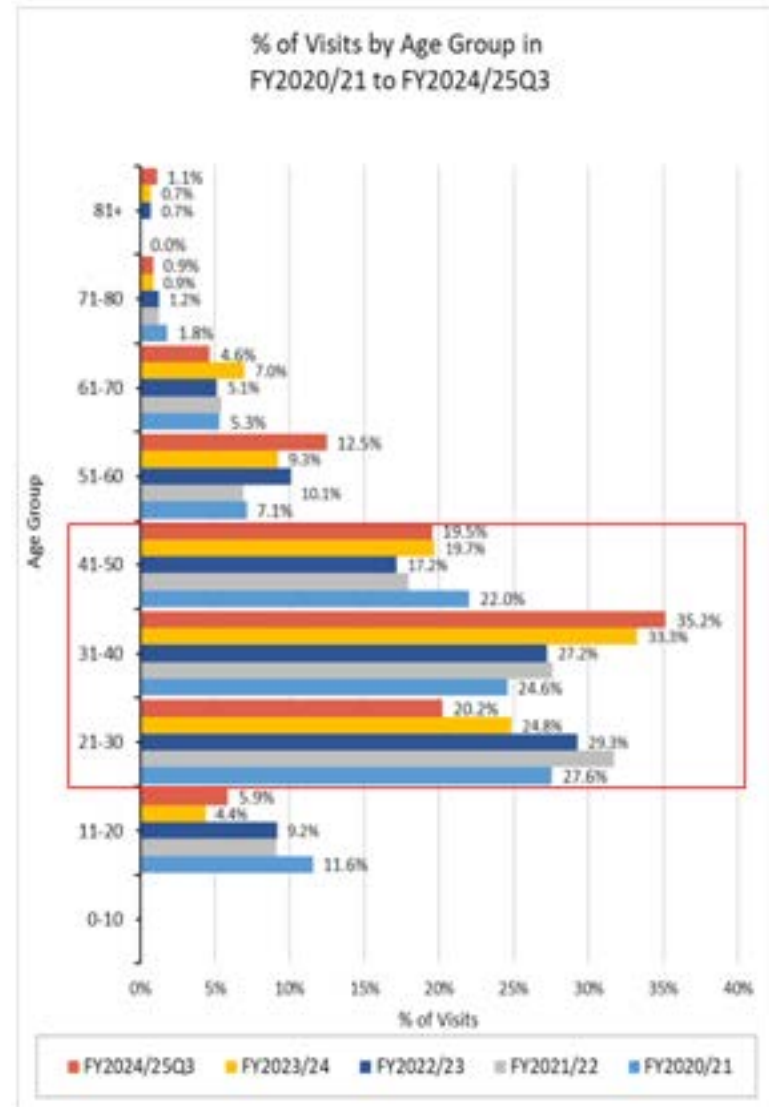


Diagnoses:

- The top 5 diagnoses codes accounted for 37.8% of visits for 39.2% of the individuals, with the most prevalent being 'Acute Stress Disorder' at 9.7% for the last 4 ³/₄ fiscal years.
- 'Mental and behavioural disorders due to use of alcohol, acute intoxication' was the most prevalent diagnosis in the latest two quarters.

Unique # of Patients and ED Visits by Age Group in FY2020/21 to 24/25Q3

Age Group	% of Unique Unique Individuals					% of Visits					Total % of Individuals	Total % of Visits	Average Visits per Person				
	FY2020/21	FY2021/22	FY2022/23	FY2023/24	FY2024/25Q3	FY2020/21	FY2021/22	FY2022/23	FY2023/24	FY2024/25Q3			FY2020/21	FY2021/22	FY2022/23	FY2023/24	FY2024/25Q2
0-10																	
11-20	14.4%	11.2%	11.5%	6.3%	7.9%	11.6%	9.1%	9.2%	4.4%	5.9%	9.6%	7.2%	5.6	5.8	5.4	5.6	5.6
21-30	27.7%	32.5%	25.9%	23.7%	23.8%	27.6%	31.7%	29.3%	24.8%	20.2%	26.1%	26.0%	1.2	5.9	8.5	4.7	6.4
31-40	24.5%	25.6%	24.1%	29.8%	31.5%	24.6%	27.6%	27.2%	33.3%	35.2%	27.7%	30.6%	1.8	6.6	7.9	3.5	8.4
41-50	18.7%	15.2%	17.8%	19.6%	18.3%	22.0%	18.0%	17.2%	19.7%	19.5%	18.1%	19.4%	1.3	10.1	7.0	3.4	8.0
51-60	7.2%	7.6%	11.9%	12.1%	11.4%	7.1%	6.9%	10.1%	9.3%	12.5%	10.4%	9.4%	2.2	6.5	4.0	3.2	8.3
61-70	5.4%	6.1%	5.9%	6.1%	4.5%	5.3%	5.4%	5.1%	7.0%	4.6%	5.6%	5.7%	1.1	6.0	6.3	3.2	7.8
71-80	2.2%	1.8%	1.7%	1.4%	1.1%	1.8%	1.3%	1.2%	0.9%	0.9%	1.6%	1.1%	0.7	7.0	5.0	3.4	6.3
81+	0.0%	0.0%	1.0%	1.0%	1.6%	0.0%	0.0%	0.7%	0.7%	1.1%	0.8%	0.6%			0.0	2.8	5.3
Total	100.0%	100.0%	100.0%	100.0%	74.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	2.0	6.9	5.5	3.7	7.5



Age Groups

- The top three age groups listed below accounted for 76.0% of the visits and 71.9% of the individuals from April 2020 to Dec 2024:
 - 21-30 at 26.0% visits and 26.1% of unique individuals
 - 31-40 at 30.6% visits and 27.7% of unique individuals
 - 41-50 at 19.4% visits and 18.1% of unique individuals



Indicator Definitions

Indicator Definitions

Indicator Name	Indicator Description	Calculation Method	Data Source	Target	Performance Corridor
Caregiver distress among home care clients	- This outcome indicators measures the percentage of long-stay home care clients whose unpaid caregivers experience distress in a 1-year period (a risk-adjusted percentage). - A caregiver is defined as a person who takes on an unpaid caring role for someone who needs help because of a physical or cognitive condition, an injury or a chronic life-limiting illness. - This caregiver can be a spouse, child/child-in-law, other relative or friend, or neighbour who lives or does not live with the client. - Caregivers who are distressed are defined as primary caregivers who express feelings of distress, anger or depression and/or any caregiver who is unable to continue in their caring activities. - This indicator defines long-stay clients as those who have already been receiving home care for at least 60 days. - When a client has more than one home care assessment within a given year, the most recent assessment will be included in the analysis. - A lower rate is better.	- Numerator divided by the denominator times 100 - Numerator - Total number of home care clients who, at the time of their most recent assessment in the given year, have an unpaid caregiver who is experiencing distress. - Denominator - Total number of long-stay home care clients with a caregiver at the time of their most recent assessment in the given year HQO Indicator Library for this measure - Reported value is adjusted for cognitive impairment, Activities of daily living impairment, medical complexity. - The current performance data is for the WWLHIN. In future reports we hope to be able to report this at the KW4 OHT level.	interRAI Home Care © assessments, data supplied by Ontario Health Shared Services	<=56.0%	- Green – Less than or equal to 56.0% - Yellow – Between 56.0% - 61.0% - Red – Greater than 61.0%
Hospitalization rate for conditions that can be managed outside hospital Rate of hospitalization for Ambulatory Care Sensitive Conditions (ACSCs)	- This outcome indicator measures the rate of hospitalization, per 100,000 people aged 0 to 74 years, for one of the following conditions that, if effectively managed or treated earlier, may not have resulted in admission to hospital: asthma, diabetes, chronic obstructive pulmonary disease, heart failure, hypertension, angina and epilepsy. - A lower rate is better. 2021 Census data has been used since January 2021 for ACSC BME KPI calculations.	- This indicator is calculated as the numerator divided by the denominator per 100,000 population - Numerator - The number of inpatient records from acute care hospitals during each fiscal year with any ambulatory care sensitive condition (ACSC) as the most responsible diagnosis. - Denominator - The number of people in Ontario aged 0 to 74 years. HQO Indicator Library for this measure	Discharge Abstract Database (DAD) Registered Persons Database (RPDB)	<=20.40 monthly (244.80 annually)	- Green – Less than or equal to 20.40 monthly (244.80 annually) - Yellow – Between 20.40 – 22.44 - Red – Greater than 22.44

Indicator Definitions

Indicator Name	Indicator Description	Calculation Method	Data Source	Target	Performance Corridor
Total ALC (Acute and Non-Acute) Rate	- This process indicator measures the total number of alternate level of care (ALC) days contributed by ALC patients within the specific reporting month/quarter using near-real time acute and post-acute ALC information and monthly bed census data. - Alternate level of care (ALC) refers to those cases where a physician (or designated other) has indicated that a patient occupying an acute care hospital bed has finished the acute care phase of their treatment. - A lower rate is better.	- This indicator is calculated as the numerator divided by the denominator times 100. - Numerator - The total number of inpatient days designated as alternate level of care (ALC) in a given time period (i.e., monthly, quarterly, yearly). Inpatient service type is identified in the Wait Time Information System (WTIS). - Calculation:- Acute ALC days equals the total number of ALC days contributed by ALC patients waiting in non-surgical, surgical and intensive/critical care beds. Post-acute ALC days equals ALC days for Inpatient Services in complex continuing care, rehabilitation and mental health beds. - Denominator - The total number of inpatient days in a given time period (i.e., monthly, quarterly, yearly). - Calculation: Acute Patient days = the total number of patient days occupying Acute with Mental Health Children/Adolescent (AT) beds. Post-Acute Patient days = the total number of patient days occupying Complex Continuing Care (CR) + General Rehabilitation (GR) + Special Rehabilitation (SR) + Mental Health - Adult (MH) Beds. CCC Patient days = the total number of patient days occupying Complex Continuing Care (CR) Beds. Rehab Patient days = the total number of patient days occupying in General Rehabilitation (GR) + Special Rehabilitation (SR) Beds. Mental Health Patient days = the total number of patient days occupying Mental Health - Adult (MH) Beds HQO Indicator Library for this measure	Wait Time Information System (WTIS) WTIS ALC Rates Report - Quarterly Release	<=16.70%	- Green – Less than or equal to 16.70% - Yellow – Between 16.70 – 18.37% - Red – Greater than 18.37%
Frequent Emergency Room Visits for Help With Mental Health and/or Addictions	- This outcome indicator measures the percentage of people with four or more visits over the previous 12 months, among people who visited the emergency department for a mental illness or addiction. - A lower rate is better. - Monthly snapshot reporting	- Numerator divided by the denominator times 100 - Frequent ED Visitor for MH&A (Numerator) - The total number of patients with 4 or more ER visits within a year (past 365 days) for mental health and addictions. The 365 day lookback is based on the most recent visit date (Triage Date) for that month. If a patient had 3 visits in April 2022, it would lookback 365 days from the most recent April 2022 visit. - Total Visits for MH&A (Denominator) - The total number of patients with at least 1 or more ER visits within time period for mental health and addictions. HQO Indicator Library for this measure - One difference – We include patients with invalid health card numbers (e.g. HCN=1 or 0). They are linked using Cerner Person ID as this is shared between GRH and SMGH.	National Ambulatory Care Reporting System (NACRS), CERNER	<=10%	- Green – Less than or equal to 10.0% - Yellow – Between 10.1% – 11.0% - Red – Greater than 11.0%