North West LHIN
Local Environmental Scan

Adapted from the Common Environmental Scan:
A Review of Selected Information about Ontario’s Local
Health Integration Networks

Spring 2013
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1.0 Background to Common Environmental Scan

A provincial Common Environmental Scan\(^1\) was prepared for use by all Local Health Integration Networks (LHINs) as a key background paper for each LHIN’s third Integrated Health Service Plan (IHSP). It provides an overview of a number of key characteristics of local populations, services, utilization, and health impacts. The complete Common Environmental Scan is available as a supporting document to the Integrated Health Services Plan 2013 – 2016 at [http://www.nwlhin.on.ca/](http://www.nwlhin.on.ca/).

The Common Environmental Scan was not designed for the general reader, but rather for providers, public organizations (both governmental and non-governmental) and Health Service Providers. It presents both key characteristics of health and healthcare in the North West LHIN as well as a comparison to Ontario overall and to other LHINs.

The information presented in the Common Environmental Scan was proposed by the LHINs collectively and the information prepared by members of the Health Analytics Branch of the Ontario Ministry of Health and Long-Term Care.

2.0 Introduction to the Local Environmental Scan – North West LHIN

This document contains a subset of the Common Environmental Scan for the North West LHIN and Ontario only. The emphasis on the material selected for this local environmental scan is information that has not been presented elsewhere.

In addition to the material extracted from the Common Environmental Scan, the Geography and Population Characteristics section was created internally by the North West LHIN. Some material from the Palliative Care\(^2\) and Complex Continuing Care\(^3\) presentations produced by Preyra Solutions Group for the North West LHIN are also included. Other material that had been prepared for the IHSP III document, but removed from the final version due to space constraints, has also been included throughout this document.

3.0 Geography and Population Characteristics

Based on the recommendations of the North West LHIN’s Health Services Blueprint report\(^4\) the planning areas for the North West LHIN have shifted from four sub-LHIN areas to five Integrated District Networks (IDNs). The former Kenora District sub-LHIN area is now split into two IDNs – Kenora IDN and Northern IDN. The Northern IDN area encompasses the northern part of the Kenora District Census Division including Sioux Lookout, Pickle Lake and First Nations communities north of Sioux Lookout. Otherwise, the Rainy River IDN, City of Thunder Bay IDN and the Thunder Bay District IDNs corresponded to the old sub-LHIN areas. This definition of IDN boundaries was in effect until April 2013 and is referred to as version V1.0.

Based on feedback from stakeholders and North West LHIN staff over the past year, some minor changes have been made to these boundaries. There is no change to the Kenora IDN and Rainy River IDN. Six communities (census subdivisions) in the western part of Thunder Bay District, in Thunder Bay District IDN initially, will move to different IDNs – four to the City of Thunder Bay IDN and two to the Northern IDN. The new version of IDN boundaries will be referred to as V1.1.

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\(^2\) Preyra Solutions Group. Palliative Care in the North West LHIN. June 2012.
\(^3\) Preyra Solutions Group. Complex Continuing Care in the North West LHIN. June 2012.
Osnaburgh 63A and Ojibway Nation of Saugeen (Savant Lake) will move to the Northern IDN. Lac des Milles Lacs 22A1, Seine River 22A2, Gull River 55 and Thunder Bay, Unorganized will move to the City of Thunder Bay IDN. The Integrated District Networks will correspond to the new Health Links being developed. The City of Thunder Bay Health Link is the only Health Link in the North West LHIN that has been officially launched to-date.

The following figure shows V1.0 and V1.1 of the IDN/Health Links boundaries.

Note that the City of Thunder Bay IDN now includes the unorganized area of Thunder Bay District Census Division; hence the shading of most of the Census District to the City of Thunder Bay. The five Local Health Hub areas of Thunder Bay District IDN are shaded dark green. Similarly, the Kenora IDN contains the unorganized area of Kenora District Census Division resulting in most of the Census Division being shaded purple. Sioux Lookout, Pickle Lake and the numerous First Nations communities of the Northern IDN are shaded golden yellow.
The following table shows the difference between V1.0 and V1.1 in Integrated District Network (IDN) demographics based on 2011 Census.

### 2011 Census Population for North West LHIN by IDN

<table>
<thead>
<tr>
<th>IDN, V1.0</th>
<th>Integrated District Networks (IDNs)</th>
<th>City of Thunder Bay IDN</th>
<th>Thunder Bay District IDN</th>
<th>Rainy River IDN</th>
<th>Kenora IDN</th>
<th>Northern IDN</th>
<th>North West LHIN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Population</strong></td>
<td></td>
<td>121,600</td>
<td>24,460</td>
<td>20,370</td>
<td>43,130</td>
<td>21,560¹</td>
<td>231,120¹</td>
</tr>
<tr>
<td><strong>% Age 65</strong></td>
<td></td>
<td>17.2%</td>
<td>14.3%</td>
<td>17.3%</td>
<td>15.5%</td>
<td>6.6%</td>
<td>16.0%</td>
</tr>
<tr>
<td><strong>% Age 75+</strong></td>
<td></td>
<td>8.5%</td>
<td>5.5%</td>
<td>8.6%</td>
<td>6.9%</td>
<td>2.6%</td>
<td>7.3%</td>
</tr>
<tr>
<td><strong>% Aboriginal Identity (2006)²</strong></td>
<td></td>
<td>8.3%</td>
<td>19.9%</td>
<td>21.7%</td>
<td>21.8%</td>
<td>77.8%</td>
<td>19.2%</td>
</tr>
<tr>
<td><strong>% Francophone</strong></td>
<td></td>
<td>2.7%</td>
<td>10.5%</td>
<td>1.5%</td>
<td>2.9%</td>
<td>0.9%</td>
<td>3.4%</td>
</tr>
</tbody>
</table>

¹ 2011 Census population adjusted with Indian Registry Population counts (July 2012) for 13 FN communities; Questions related to Aboriginal identity were not asked in 2011 Census. Estimates from the new National Population Survey will be available in summer 2013.

<table>
<thead>
<tr>
<th>IDN, V1.1 - April 2013</th>
<th>Integrated District Networks (IDNs)</th>
<th>City of Thunder Bay IDN</th>
<th>Thunder Bay District IDN</th>
<th>Rainy River IDN</th>
<th>Kenora IDN</th>
<th>Northern IDN</th>
<th>North West LHIN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Population</strong></td>
<td></td>
<td>127,715</td>
<td>18,090</td>
<td>20,370</td>
<td>43,130</td>
<td>21,815¹</td>
<td>231,120¹</td>
</tr>
<tr>
<td><strong>% Age 65</strong></td>
<td></td>
<td>17.1%</td>
<td>14.0%</td>
<td>17.3%</td>
<td>15.5%</td>
<td>6.5%</td>
<td>16.0%</td>
</tr>
<tr>
<td><strong>% Age 75+</strong></td>
<td></td>
<td>8.0%</td>
<td>5.7%</td>
<td>8.6%</td>
<td>6.9%</td>
<td>2.6%</td>
<td>7.3%</td>
</tr>
<tr>
<td><strong>% Aboriginal Identity (2006)²</strong></td>
<td></td>
<td>8.3%</td>
<td>23.0%</td>
<td>21.7%</td>
<td>21.8%</td>
<td>78.1%</td>
<td>19.2%</td>
</tr>
<tr>
<td><strong>% Francophone</strong></td>
<td></td>
<td>2.8%</td>
<td>13.0%</td>
<td>1.5%</td>
<td>2.9%</td>
<td>0.9%</td>
<td>3.4%</td>
</tr>
</tbody>
</table>

¹ 2011 Census population adjusted with Indian Registry Population counts (July 2012) for 13 FN communities; Questions related to Aboriginal identity were not asked in 2011 Census. Estimates from the new National Population Survey will be available in summer 2013.


Of note:

- The Northern Integrated District Network (IDN) population is much younger than the rest of the population in the North West LHIN (only 6.5% seniors, compared to 16.0% across the North West LHIN) and the majority of the population self-identify as Aboriginal (78.1% for the Northern IDN, compared to 19.2% across the North West LHIN).
- The City of Thunder Bay IDN has the lowest proportion of Aboriginal people (8.3%), accounts for over half of the North West LHIN population (55.3%) and is the only designated large urban population centre in Northwestern Ontario.
- The Thunder Bay District IDN has the largest proportion of Francophones⁵ (13.0%) in the North West LHIN.

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⁵ Francophone – those who reported French as their Mother Tongue (language first learned at home and still understands).
The figure below illustrates the change in the proportion of population by age group over the next 25 years in the North West LHIN.

**Key Findings:**

- The percentage of the population in the 0-19 age group will decrease over the next few years and will remain relatively stable while the 20-44 age group is expected to gradually decline.

- The percentage of the population in the 45-64 age group is projected to decline at a faster rate until approximately 2030 and then remain stable while the percentage of seniors age 75+ is projected to double from the current decade (7-8% range) to the mid-2030's (15% plus).

- According to the 2011 Census, 30% of seniors living in private households in the North West LHIN live alone. This has implications for care delivery, as the system is redesigned to one that continues to support seniors living safely at home, as long as possible, in their respective communities.

The number of seniors (65+) with dementia is also projected to double over the next 25 years. The next figure shows the increase in projected number of dementia cases for the census divisions in the North West LHIN.
### Projected Increase in Number of Seniors with Dementia, North West LHIN

<table>
<thead>
<tr>
<th>Year</th>
<th>Thunder Bay District</th>
<th>Rainy River District</th>
<th>Kenora District</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>1,000</td>
<td>500</td>
<td>100</td>
</tr>
<tr>
<td>2016</td>
<td>2,000</td>
<td>1,000</td>
<td>200</td>
</tr>
<tr>
<td>2021</td>
<td>3,000</td>
<td>1,500</td>
<td>300</td>
</tr>
<tr>
<td>2026</td>
<td>4,000</td>
<td>2,000</td>
<td>400</td>
</tr>
<tr>
<td>2031</td>
<td>5,000</td>
<td>2,500</td>
<td>500</td>
</tr>
<tr>
<td>2036</td>
<td>6,000</td>
<td>3,000</td>
<td>600</td>
</tr>
</tbody>
</table>


This changing demographic will require a continued focus on Senior’s Care as a priority with special considerations for planning related to care of individuals with responsive behaviours such as dementia.

### DEMOGRAPHIC OVERVIEW

Compared to the rest of Ontario, the North West LHIN has:
- The largest geography of any LHIN (47% of the province);
- The lowest population of any LHIN (approximately 230,000 people);
- A larger projected increase in proportion of seniors - the proportion of seniors in the North West LHIN population is projected to increase from the current 15-16% to 27-28% over the next 20 years.  Provincially the proportion will increase from the current 14-15% to 22-23%.
- A majority of the population reside in rural areas or small population centres (1,000 to 9,999 population), compared to less than a quarter of all Ontarians.
- Many small communities require long distances to travel for care.  The number of communities that are more than 30 minutes or 60 minutes travel time from the nearest service location for primary care, emergency care and specialist care is much higher in Northern Ontario compared to Southern Ontario.

### Aboriginal Population

The North West LHIN is home to one-third of the on-reserve Aboriginal population in Ontario, one-quarter

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6 ICES.  Geographic Access to Primary Care and Hospital Services for Rural and Northern Communities.  Report to the Ministry of Health and Long-Term Care.  January 2011.
of the off-reserve population, and just over half of all Indian Reserves and Indian Settlements in Ontario\(^7\).

In meeting the health care needs of this population, the health care system will need to better respond to this growing population, particularly in areas where inequitable access to care is experienced. Access to care in rural, remote fly-in First Nation communities is further challenged by inclement weather conditions, ability to travel and limited infrastructure to support care at the community level.

**Francophone Population**

From the 2011 Census data, it was estimated that 3.4% of North West LHIN population were Francophone. At that time, 13.0% of the Thunder Bay District Integrated District Network (IDN) area was Francophone. The Municipality of Greenstone; the Townships of Manitouwadge and Terrace Bay; and the Town of Marathon in the Thunder Bay District IDN are designated communities\(^8\) under the French Language Services Act, along with the Township of Ignace in the Kenora District. The City of Thunder Bay, Rainy River and Northern IDNs do not have any designated communities under the French Language Services Act.

### 4.0 Births, Life Expectancy, Deaths

**Two Notes on Interpretation:**

- Information on smoking and breastfeeding is taken from the Canadian Community Health Survey (CCHS). It is sampled data based on self-reports and should be viewed in this light. As well, it reflects the LHIN of residence of the mother at the time of the survey.
- Number of births information includes both live and stillborn infants and are taken from the Discharge Abstract Database.

**Births and Maternal Outcomes – North West LHIN**

- During FY 2009/10, there were 2,526 births to 2,490 women in North West LHIN hospitals.
- Approximately 13% of births were to women under the age of 20, the highest among LHIN areas.
- Over 1 in 3 women smoked during their pregnancy; the highest rate among LHINs and the rate of breastfeeding initiation is lower than the provincial rate.
- The rate of caesarean deliveries and pre-term births were the second lowest in the province, and small for gestational age newborns was the lowest in the province.
- However, the percentage of newborns classified as 'large for gestational age' was highest rate among LHINs.

**BIRTHS AND MATERNAL OUTCOMES FY 2009/10 (UNLESS OTHERWISE NOTED)**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>NORTH WEST</th>
<th>Ontario</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total births in North West LHIN hospitals</td>
<td>2,526</td>
<td>138,775</td>
</tr>
<tr>
<td>Total births by North West LHIN residents</td>
<td>2,524</td>
<td>138,720</td>
</tr>
<tr>
<td>Number of women who gave birth in North West LHIN hospitals</td>
<td>2,490</td>
<td>136,221</td>
</tr>
</tbody>
</table>

\(^{7}\)Ministry of Health and Long-Term Care, Health Analytics Branch. First Nations People in Ontario: A Demographic Portrait, January 2009.

\(^{8}\)Designated community - The French Language Services Act guarantees the right to services in French from the provincial government in government offices in designated areas of the province.
### LIFE EXPECTANCY, MORTALITY AND POTENTIAL YEARS OF LIFE LOST

<table>
<thead>
<tr>
<th>Indicator</th>
<th>NORTH WEST</th>
<th>Ontario</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life expectancy at birth (yrs), 2007/09</td>
<td>78.6</td>
<td>81.5</td>
<td>Lowest in province</td>
</tr>
<tr>
<td>Life expectancy at age 65 (yrs), 2007/09</td>
<td>19.6</td>
<td>20.3</td>
<td></td>
</tr>
<tr>
<td><strong>Mortality (2007)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total deaths, 2007</td>
<td>1,923</td>
<td>86,945</td>
<td></td>
</tr>
<tr>
<td>All-cause mortality rate per 100,000 population</td>
<td>798.8</td>
<td>679.6</td>
<td></td>
</tr>
<tr>
<td>% of deaths that were premature (age &lt;75)</td>
<td>40.8%</td>
<td>37.7%</td>
<td>3rd highest in province</td>
</tr>
</tbody>
</table>

Mortality and Potential Years of Life Lost (PYLL)

- North West LHIN residents had the lowest life expectancy at birth (compared to other LHIN areas).
- Overall mortality rates were higher than the province, and mortality rates in the 0-19, 20-44, and 45-64 age groups were among the highest in the province.
- Ischaemic heart disease, Lung cancer, Cancer of colon, rectum, anus, and Diabetes were leading causes of death and PYLL.
- The top 10 leading causes of death accounted for 57% of deaths.
- Mortality rates for Dementia & Alzheimer, Cerebrovascular disease (stroke) and Cancer of colon, rectum, and anus were among the highest in the province.
- PYLL rates for Intentional self-harm, Accidental poisoning, Injury events of undetermined intent and Diabetes were the highest in the province.
- Injury related deaths (Transport accidents, Intentional self-harm, Accidental poisoning and Injuries of undetermined event) were in the top 10 leading causes of PYLL. Together these accounted for one fourth of all Potential Years of Life Lost in the North West LHIN.
<table>
<thead>
<tr>
<th>Condition</th>
<th>North West</th>
<th>Ontario</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ischaemic heart disease</td>
<td>142.9</td>
<td>110.9</td>
<td></td>
</tr>
<tr>
<td>Cancer of lung &amp; bronchus</td>
<td>60.2</td>
<td>48.7</td>
<td></td>
</tr>
<tr>
<td>Dementia and Alzheimer disease</td>
<td>54.8</td>
<td>42.0</td>
<td>2&lt;sup&gt;nd&lt;/sup&gt; highest in province</td>
</tr>
<tr>
<td>Cerebrovascular diseases</td>
<td>53.2</td>
<td>41.5</td>
<td>3&lt;sup&gt;rd&lt;/sup&gt; highest in province</td>
</tr>
<tr>
<td>Chronic lower respiratory diseases</td>
<td>32.8</td>
<td>28.3</td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td>29.9</td>
<td>23.5</td>
<td></td>
</tr>
<tr>
<td>Cancer of colon, rectum, anus</td>
<td>29.9</td>
<td>24.5</td>
<td>3&lt;sup&gt;rd&lt;/sup&gt; highest in province</td>
</tr>
<tr>
<td>Cancer of lymph, blood &amp; related</td>
<td>19.5</td>
<td>19.6</td>
<td></td>
</tr>
<tr>
<td>Influenza and pneumonia</td>
<td>15.8</td>
<td>15.8</td>
<td></td>
</tr>
<tr>
<td>Diseases of urinary system</td>
<td>14.1</td>
<td>16.1</td>
<td></td>
</tr>
<tr>
<td>Age specific mortality rate, 2006-07 average</td>
<td>45.0</td>
<td>40.4</td>
<td>3&lt;sup&gt;rd&lt;/sup&gt; highest in province</td>
</tr>
<tr>
<td>00-19</td>
<td>119.0</td>
<td>71.0</td>
<td>2&lt;sup&gt;nd&lt;/sup&gt; highest in province</td>
</tr>
<tr>
<td>20-44</td>
<td>535.2</td>
<td>419.2</td>
<td>2&lt;sup&gt;nd&lt;/sup&gt; highest in province</td>
</tr>
<tr>
<td>45-64</td>
<td>1,866.2</td>
<td>1,639.2</td>
<td></td>
</tr>
<tr>
<td>75+</td>
<td>7,024.9</td>
<td>6,619.9</td>
<td>2&lt;sup&gt;nd&lt;/sup&gt; highest in province</td>
</tr>
</tbody>
</table>

**Potential Years of Life Lost (PYLL), 2007**

<table>
<thead>
<tr>
<th>Top 10 Leading causes of PYLL (rates per 100,000 population)</th>
<th>0-74</th>
<th>3&lt;sup&gt;rd&lt;/sup&gt; highest in province</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ischaemic heart disease</td>
<td>627.5</td>
<td>456.6</td>
</tr>
<tr>
<td>Intentional self-harm</td>
<td>579.4</td>
<td>269.7</td>
</tr>
<tr>
<td>Cancer of lung &amp; bronchus</td>
<td>464.4</td>
<td>341.3</td>
</tr>
<tr>
<td>Accidental poisoning</td>
<td>406.9</td>
<td>136.0</td>
</tr>
<tr>
<td>Transport accidents</td>
<td>282.5</td>
<td>231.9</td>
</tr>
<tr>
<td>Cancer of colon, rectum, anus</td>
<td>254.9</td>
<td>152.9</td>
</tr>
<tr>
<td>Diabetes</td>
<td>254.9</td>
<td>114.3</td>
</tr>
<tr>
<td>Injury event of undetermined intent</td>
<td>222.8</td>
<td>49.8</td>
</tr>
<tr>
<td>Congenital malformations, deformations,</td>
<td>159.1</td>
<td>143.6</td>
</tr>
<tr>
<td>Symptoms, signs, ill defined</td>
<td>141.3</td>
<td>85.3</td>
</tr>
</tbody>
</table>

**5.0 Chronic Conditions: Prevalence, mortality, hospital separations and hospital days of stay for selected chronic conditions**

**Data Sources:**
This chapter describes the burden of selected chronic conditions. Analysis is based on the Canadian Community Health Survey, Discharge Abstract Database (DAD), and mortality data. Analysis is provided for: Arthritis & related conditions, Asthma, Cancer, Congestive Heart Failure (CHF), Chronic Obstructive Pulmonary Disease (COPD), Diabetes, Hypertension, Heart Disease and Stroke.

**Notes of Interpretation:**
- Rate information (prevalence, separations, days, mortality) is the crude rate rather than age-adjusted, unless otherwise stated.
- Prevalence data are from the Canadian Community Health Survey (CCHS) combined 2009 and 2010 survey results.
- Mortality data are from Vital Statistics combined Calendar Years 2006 and 2007.
North West LHIN:

- Hospital data are from Discharge Abstract Database FY 2010/11.

42% of North West LHIN residents (aged 12+) had a chronic condition and 18% had multiple conditions. The prevalence of multiple chronic conditions in North West LHIN was significantly higher compared to the province.

- Prevalence of multiple chronic conditions increases dramatically with age; 51% of LHIN residents aged 65-74 and 61% of residents aged 75+ had two or more chronic conditions.

- The prevalence of arthritis and high blood pressure in the North West LHIN was significantly higher compared to Ontario. This was also reflected in higher mortality and hospital separation and day rates for these conditions.

- Although COPD and heart disease prevalence was not significantly higher than provincial prevalence, rates were among the highest among LHINs. Mortality and hospitalization rates for these conditions were higher than provincial rates as well. In fact, mortality and hospitalization rates for all chronic conditions (except asthma mortality) were notably higher than provincial rates.

- Chronic conditions accounted for almost 3 out of 5 deaths, 1 out of 5 acute hospital separations, and 1 out of 4 acute hospital days for LHIN residents.

- Heart disease (including ischemic heart disease (IHD) and congestive heart failure (CHF) and stroke accounted for 11% of all hospital days and 8% of all acute care separations for LHIN residents. One in 5 residents aged 65-74 had heart disease. The prevalence increased to 30% among those aged 75+.

- Hospital separation rates were increasing for most of the chronic conditions examined.

### SELECTED CHRONIC CONDITIONS INDICATORS: PREVALENCE RATES

<table>
<thead>
<tr>
<th>Condition</th>
<th>NORTH WEST</th>
<th>Ontario</th>
<th>Comment</th>
<th>Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevalence (2009&amp;2010), rate per 100, aged 12+</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arthritis (aged 14+)</td>
<td>22.2†</td>
<td>17.2</td>
<td>3rd highest</td>
<td>Increasing</td>
</tr>
<tr>
<td>Asthma</td>
<td>7.3</td>
<td>8.4</td>
<td>2nd lowest</td>
<td></td>
</tr>
<tr>
<td>Cancer</td>
<td>1.1†</td>
<td>1.9</td>
<td>Lowest</td>
<td></td>
</tr>
<tr>
<td>COPD (aged 35+)</td>
<td>6.0</td>
<td>4.2</td>
<td>3rd highest</td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td>7.3</td>
<td>6.9</td>
<td></td>
<td>Increasing</td>
</tr>
<tr>
<td>High blood pressure</td>
<td>20.8†</td>
<td>17.4</td>
<td>2nd highest</td>
<td>Increasing</td>
</tr>
<tr>
<td>Heart disease</td>
<td>6.3</td>
<td>4.9</td>
<td>2nd highest</td>
<td></td>
</tr>
<tr>
<td>Suffer from effects of stroke</td>
<td>1.1†</td>
<td>1.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have a chronic condition</td>
<td>41.5</td>
<td>37.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have multiple chronic conditions †</td>
<td>18.2†</td>
<td>15.2</td>
<td>3rd highest</td>
<td></td>
</tr>
<tr>
<td>Diabetes prevalence, aged 18+ (BDDI)</td>
<td>11.8</td>
<td>9.7</td>
<td>2nd highest</td>
<td></td>
</tr>
</tbody>
</table>

† LHIN result is significantly higher than Ontario.

↓ LHIN result is significantly lower than Ontario.
SELECTED CHRONIC CONDITIONS INDICATORS: MORTALITY RATES, HOSPITAL SEPARATION RATES, HOSPITAL DAYS RATES

<table>
<thead>
<tr>
<th>Condition</th>
<th>Mortality rate per 100,000 NW LHIN</th>
<th>Ontario</th>
<th>NW LHIN</th>
<th>Ontario</th>
<th>NW LHIN</th>
<th>Ontario</th>
<th>Mortality</th>
<th>Seps</th>
<th>Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arthritis</td>
<td>6.8</td>
<td>2.9</td>
<td>492.5</td>
<td>329.9</td>
<td>2466.8</td>
<td>1613.7</td>
<td>Increasing</td>
<td>Increasing</td>
<td>Increasing</td>
</tr>
<tr>
<td>Asthma</td>
<td>0.0</td>
<td>0.7</td>
<td>45.2</td>
<td>38.1</td>
<td>103.4</td>
<td>103.2</td>
<td>Decreasing</td>
<td>Decreasing</td>
<td>Decreasing</td>
</tr>
<tr>
<td>Cancer</td>
<td>221.7</td>
<td>198.1</td>
<td>485.4</td>
<td>421.3</td>
<td>5579.5</td>
<td>3799.5</td>
<td>Increasing</td>
<td>Increasing</td>
<td>Increasing</td>
</tr>
<tr>
<td>CHF</td>
<td>12.2</td>
<td>10.2</td>
<td>260.1</td>
<td>157.2</td>
<td>2430.4</td>
<td>1524.2</td>
<td>Increasing</td>
<td>Increasing</td>
<td>Increasing</td>
</tr>
<tr>
<td>COPD</td>
<td>28.9</td>
<td>25.9</td>
<td>400.0</td>
<td>183.2</td>
<td>2769.2</td>
<td>1492.8</td>
<td>Decreasing</td>
<td>Increasing</td>
<td>Increasing</td>
</tr>
<tr>
<td>Diabetes</td>
<td>29.8</td>
<td>23.2</td>
<td>208.2</td>
<td>93.1</td>
<td>2070.6</td>
<td>923.9</td>
<td>Decreasing</td>
<td>Increasing</td>
<td>Increasing</td>
</tr>
<tr>
<td>Hypertension</td>
<td>6.6</td>
<td>6.1</td>
<td>29.7</td>
<td>16.5</td>
<td>138.6</td>
<td>92.6</td>
<td>Decreasing</td>
<td>Increasing</td>
<td>Increasing</td>
</tr>
<tr>
<td>IHD</td>
<td>138.2</td>
<td>112.4</td>
<td>572.9</td>
<td>379.4</td>
<td>3746.7</td>
<td>2103.7</td>
<td>Decreasing</td>
<td>Decreasing</td>
<td>Increasing</td>
</tr>
<tr>
<td>Stroke</td>
<td>37.4</td>
<td>31.6</td>
<td>209.4</td>
<td>132.8</td>
<td>2742.8</td>
<td>1691.9</td>
<td>Decreasing</td>
<td>Increasing</td>
<td>Increasing</td>
</tr>
</tbody>
</table>

- For every 100 adults living with diabetes in the North West LHIN, about thirteen had at least one hospitalization or emergency department visit for a skin and soft tissue infection or foot ulcer in the subsequent five years (1,308 per 10,000 adults with diabetes). This rate was more than double the Ontario average (618 per 10,000)\(^9\).
- For every 1,000 adults living with diabetes, the number who experienced a lower extremity amputation in the subsequent five years was almost 15 in the North West LHIN. This rate (148/10,000 in the North West) was double that of the provincial average (74/10,000)\(^10\).

Current Utilization Projections by LHIN of Patient Residence based on Population Demographics to FY 2015/16

About the Projections:

The following section presents the projected utilization of some health services in Ontario, by LHIN of patient residence and for the province for 2015. To create these projections, LHIN and age/sex-specific utilization rates, based on FY 2010/11 data, were applied to population projections for 2015.

While this demographic approach is a reasonable starting point for estimating utilization in the future, it is only one of many possible scenarios. Utilization at the LHIN and provincial levels may be impacted by many factors including changes in the health behaviours and health status of local populations; policies that affect immigration; economic changes that may influence migration; and developments in health care treatments, technologies and care delivery. Because the demographic approach assumes that all of these factors will be identical to FY 2010/11 moving forward into the future, the true picture in 2015 may be different.

The utilization projections, then, should not be seen as targets but as a means of assessing the potential impact of projected demographic change on utilization. In many sectors, the likelihood of use increases

\(^9\)ICES. Regional Measures of Diabetes Burden in Ontario: North East and North West LHINs. April 2012.
\(^10\)Ibid.
with age. Because age-specific utilization rates are calculated, population aging within a LHIN may result in high projected utilization even though overall population growth might be low or moderate. Similarly, some higher growth areas may have lower projected utilization rates if the projected population is relatively young. For this reason, the provincial and LHIN summaries provide a short demographic description comparing 2011 population estimates and 2015 projections.

Methods:

- Some actual counts used in this analysis differ from those presented elsewhere. Acute separations and days, for instance, include newborns because they represent capacity within the health care system. Please review the data sources and their selection criteria in the accompanying spreadsheet.
- With the exception of long-term care and home care, all projections are by LHIN of residence and not of service. For long-term care and home care, data are for the LHIN of service, which is considered to be the LHIN of residence for the analysis.
- Age and sex-specific utilization rates were calculated for selected sectors using FY 2010/11 data. Age groups were <1 year, 1-4 years, and five year age groups to age 89, and 90 years and older. Home care data were not available by sex and use different age groups (0 to 18; 19 to 44; 45 to 64; 65 to 74; 75 to 84; and 85 or older). For all sectors, the utilization rates are for the total population.
- By definition, age and sex-specific utilization rates exclude cases where the age or sex was unknown. Also excluded are persons whose sex was recorded as ‘other’.
- Ontario-level projections exclude out-of-province residents. Ontario projections will differ from the sum of LHIN-level projections since Ontario values include the unknown LHIN.

NORTH WEST LHIN:

Population Change and Aging

- By 2015, its population will increase to just over 239,000 people, compared to almost 239,000 in 2010. Of Ontario’s fourteen LHINs, the North West is likely to have the smallest population growth. Between 2010 and 2015, the population will likely grow only 0.1% compared to 6.2% for the province as a whole.
- Over time, the proportion of the population aged 65 and older will increase. In 2010, 14.9% of the North West LHIN’s population was aged 65 and older, which is comparable to the provincial percentage of 13.9%. By 2015, the older population will make up 17.2% of the LHIN’s population, compared to 15.6% for Ontario as a whole.

Projected Utilization, FY 2015/16

- The negative growth in expected mental health active cases is the result of projected declines in the young adult population of the North West LHIN, which have higher utilization rates of the sector than other age groups.
- Although the senior population will grow slightly faster than it will for Ontario as a whole, the volume of those increases will be modest. As a result, the projected increase in sectors more likely used by seniors (long-term care and complex continuing care) show greater increases relative to other sectors within the LHIN such as acute but are lower than those expected for the province as a whole.
NORTH WEST ACTUAL (FY 2010/11) AND PROJECTED (FY 2015/16) UTILIZATION, BY SECTOR

<table>
<thead>
<tr>
<th>Sector</th>
<th>Measure</th>
<th>FY 2010/11 (Actual)</th>
<th>FY 2015/16 (Projected)</th>
<th>Change</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute</td>
<td>Separations</td>
<td>29,394</td>
<td>30,600</td>
<td>1,206</td>
<td>4.1%</td>
</tr>
<tr>
<td></td>
<td>Total days</td>
<td>199,398</td>
<td>211,612</td>
<td>12,214</td>
<td>6.1%</td>
</tr>
<tr>
<td>Ambulatory oncology and renal</td>
<td>Visits</td>
<td>32,568</td>
<td>34,690</td>
<td>2,122</td>
<td>6.5%</td>
</tr>
<tr>
<td>Emergency departments</td>
<td>Visits</td>
<td>203,244</td>
<td>205,181</td>
<td>1,937</td>
<td>1.0%</td>
</tr>
<tr>
<td>Day surgery and cardiac</td>
<td>Visits</td>
<td>29,580</td>
<td>31,277</td>
<td>1,697</td>
<td>5.7%</td>
</tr>
<tr>
<td>Complex continuing care</td>
<td>Active cases</td>
<td>1,270</td>
<td>1,385</td>
<td>115</td>
<td>9.1%</td>
</tr>
<tr>
<td></td>
<td>Days</td>
<td>77,425</td>
<td>85,637</td>
<td>8,212</td>
<td>10.6%</td>
</tr>
<tr>
<td>Long-term care</td>
<td>Active cases</td>
<td>3,273</td>
<td>3,632</td>
<td>359</td>
<td>11.0%</td>
</tr>
<tr>
<td></td>
<td>Days</td>
<td>799,681</td>
<td>883,282</td>
<td>83,601</td>
<td>10.5%</td>
</tr>
<tr>
<td>Mental health</td>
<td>Active cases</td>
<td>1,593</td>
<td>1,576</td>
<td>-17</td>
<td>-1.1%</td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>Admissions</td>
<td>560</td>
<td>607</td>
<td>47</td>
<td>8.4%</td>
</tr>
<tr>
<td>Home care</td>
<td>Active clients</td>
<td>14,324</td>
<td>15,172</td>
<td>848</td>
<td>5.9%</td>
</tr>
</tbody>
</table>

6.0 Acute Care Utilization

Data Source:
Analysis is based on the Discharge Abstract Database, Ontario hospitals, unless otherwise specified.

NORTH WEST LHIN:

- There were 26,197 acute separations, 143,734 acute days, and 183,381 total days from North West LHIN hospitals in FY 2010/11. Between FY 2006/07 and FY 2010/11, acute separations and acute days declined while total days increased. During this same period, there was a 104.9% increase in ALC days for North West LHIN hospitals.
- Residents of other LHINs accounted for 2.2% of the acute separations from North West LHIN hospitals in FY 2010/11.
- The average ALC length of stay was shorter in North West LHIN hospitals compared to Ontario in FY 2010/11.
- The % ALC days were greater in North West LHIN hospitals compared to Ontario in FY 2010/11.
- North West LHIN hospitals had a larger proportion of ALC days discharged to Complex Continuing Care (28.3%) compared to Ontario hospitals (18.7%). North West LHIN hospitals had smaller proportions of ALC days discharged to LTC and rehabilitation compared to Ontario hospitals. This issue is related to the large number of LTC facility-eligible patients in NW LHIN CCC beds. This situation occurs in other LHINs.
- North West LHIN residents had the 2nd highest acute hospital separation rate in the province in FY 2010/11. Compared with the province, LHIN residents had higher acute separations for all age groups.
- 6.4% of hospital discharges of North West LHIN residents in 2011/12 were from acute care facilities outside of Ontario (94.4% of these in Manitoba). Residents of Kenora District (Census
Division) accounted for 73.4 of discharges from hospitals outside of Ontario.  

- 4.7% of separations from Ontario hospitals by North West LHIN residents were from hospitals outside the North West LHIN in FY 2010/11.

- ALC days for North West LHIN residents increased by almost 103% between FY 2006/07 and FY 2010/11, although the average ALC length of stay was lower than that for Ontario residents.

### ACUTE CARE HOSPITAL UTILIZATION, NORTH WEST LHIN, FY 2010/11

<table>
<thead>
<tr>
<th>Indicator</th>
<th>NORTH WEST LHIN</th>
<th>Ontario †</th>
<th>% change LHIN, 2006/07 to 2010/11</th>
</tr>
</thead>
<tbody>
<tr>
<td>LHIN of hospital</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute separations</td>
<td>26,197</td>
<td>956,360</td>
<td>-1.3</td>
</tr>
<tr>
<td>Total days</td>
<td>183,381</td>
<td>6,276,849</td>
<td>6.3</td>
</tr>
<tr>
<td>Average total LOS</td>
<td>7.0</td>
<td>6.6</td>
<td></td>
</tr>
<tr>
<td>Acute days</td>
<td>143,734</td>
<td>5,230,240</td>
<td>-6.2</td>
</tr>
<tr>
<td>Average acute LOS</td>
<td>5.5</td>
<td>5.5</td>
<td></td>
</tr>
<tr>
<td>Average RIW</td>
<td>1.32</td>
<td>1.50</td>
<td></td>
</tr>
<tr>
<td>% Inflow acute separations</td>
<td>2.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALC separations</td>
<td>2,152</td>
<td>54,677</td>
<td>33.7</td>
</tr>
<tr>
<td>ALC days</td>
<td>39,647</td>
<td>1,046,577</td>
<td>104.9</td>
</tr>
<tr>
<td>Average ALC LOS</td>
<td>18.4</td>
<td>19.1</td>
<td></td>
</tr>
<tr>
<td>% ALC days (of total days)</td>
<td>21.6</td>
<td>16.7</td>
<td></td>
</tr>
<tr>
<td>Proportion of total ALC days by</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home without support</td>
<td>8.0</td>
<td>7.5</td>
<td></td>
</tr>
<tr>
<td>Home with support</td>
<td>14.8</td>
<td>13.2</td>
<td></td>
</tr>
<tr>
<td>Long-term care</td>
<td>28.9</td>
<td>34.8</td>
<td></td>
</tr>
<tr>
<td>Complex continuing care</td>
<td>28.3</td>
<td>18.7</td>
<td></td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>5.2</td>
<td>9.6</td>
<td></td>
</tr>
<tr>
<td>Another facility ‡</td>
<td>3.4</td>
<td>3.5</td>
<td></td>
</tr>
<tr>
<td>Deceased</td>
<td>11.3</td>
<td>12.7</td>
<td></td>
</tr>
<tr>
<td>LHIN of patient</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute separations</td>
<td>26,891</td>
<td>946,099</td>
<td>-1.9</td>
</tr>
<tr>
<td>Acute separations/1,000 population</td>
<td>112.6</td>
<td>71.6</td>
<td>-0.1</td>
</tr>
<tr>
<td>Age-specific acute separation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-19</td>
<td>49.5</td>
<td>28.5</td>
<td></td>
</tr>
<tr>
<td>20-44</td>
<td>79.4</td>
<td>54.2</td>
<td></td>
</tr>
<tr>
<td>45-64</td>
<td>98.1</td>
<td>61.0</td>
<td></td>
</tr>
<tr>
<td>65-74</td>
<td>223.9</td>
<td>143.8</td>
<td></td>
</tr>
<tr>
<td>75+</td>
<td>411.8</td>
<td>282.3</td>
<td></td>
</tr>
<tr>
<td>Total days</td>
<td>190,760</td>
<td>6,218,634</td>
<td>5.8</td>
</tr>
<tr>
<td>Average total LOS</td>
<td>7.1</td>
<td>6.6</td>
<td></td>
</tr>
<tr>
<td>Acute days</td>
<td>151,252</td>
<td>5,174,042</td>
<td>-5.9</td>
</tr>
<tr>
<td>Average acute LOS</td>
<td>5.6</td>
<td>5.5</td>
<td></td>
</tr>
<tr>
<td>Average RIW</td>
<td>1.40</td>
<td>1.50</td>
<td></td>
</tr>
<tr>
<td>% Outflow acute separations</td>
<td>4.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALC separations</td>
<td>2,153</td>
<td>54,528</td>
<td>33.0</td>
</tr>
</tbody>
</table>

---

### ACUTE CARE DAYS BY TOP 10 CMGS, NORTH WEST LHIN HOSPITALS, FY 2010/11

<table>
<thead>
<tr>
<th>Case Mix Group (CMG+)</th>
<th>NORTH WEST LHIN</th>
<th>Ontario</th>
<th>%</th>
<th>%</th>
<th>Comment</th>
<th>%</th>
<th>%</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>(139) Chronic Obstructive Pulmonary Disease</td>
<td>5,964</td>
<td>162,544</td>
<td>4.1</td>
<td>3.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(196) Heart Failure Without Coronary Angiogram</td>
<td>4,085</td>
<td>144,943</td>
<td>2.8</td>
<td>2.8</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(138) Viral/Unspecified Pneumonia</td>
<td>3,985</td>
<td>116,205</td>
<td>2.8</td>
<td>2.2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(811) General Symptom/Sign</td>
<td>3,786</td>
<td>66,130</td>
<td>2.6</td>
<td>1.3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(545) Vaginal Delivery, No Other Intervention</td>
<td>3,520</td>
<td>147,316</td>
<td>2.4</td>
<td>2.8</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(806) Convalescence</td>
<td>3,468</td>
<td>45,345</td>
<td>2.4</td>
<td>0.9</td>
<td>Not in provincial top 10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(810) Palliative Care</td>
<td>2,341</td>
<td>129,077</td>
<td>1.6</td>
<td>2.5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(257) Symptom/Sign Of Digestive System</td>
<td>2,292</td>
<td>44,198</td>
<td>1.6</td>
<td>0.8</td>
<td>Largest % in province</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(405) Cellulitis</td>
<td>1,929</td>
<td>32,552</td>
<td>1.3</td>
<td>0.6</td>
<td>Largest % in province</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(202) Arrhythmia Without Coronary Angiogram</td>
<td>1,925</td>
<td>52,231</td>
<td>1.3</td>
<td>1.0</td>
<td>Not in provincial top 10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Other CMGs</td>
<td>110,439</td>
<td>4,289,699</td>
<td>76.8</td>
<td>82.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>143,734</td>
<td>5,230,240</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CMGs 811, 257, and 405 were also not in the top 10 for the province.

- North West LHIN hospitals had the largest proportion of acute days in the province for the following CMGs: 811-General symptoms/signs, 257-Symptoms/signs of digestive system, and 405-Cellulitis. In addition, North West LHIN hospitals had two CMGs that were not among the leading CMGs for the province: 806-Convalescence, and 202-Arrhythmia without coronary angiogram.

- Palliative care (CMG+=810) accounted for 1.6% of acute care days in North West LHIN hospitals compared to 2.5% provincially.

## 7.0 Palliative Care

The following table shows the distribution of discharges with any palliative care diagnosis by ICD-10 Diagnosis category for fiscal years 09/10 and 10/11 combined.
Access to Hospital Based Palliative Care by Most Responsible Diagnosis, Fiscal Years 2009/10&10/11 Combined

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Total Discharges</th>
<th>Discharges with Palliative Care (any Dx)</th>
<th>Expected # Palliative Care Discharges</th>
<th>Actual over Expected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arthritis and Muskuloskeletal</td>
<td>5,728</td>
<td>32</td>
<td>53</td>
<td>0.61</td>
</tr>
<tr>
<td>Blood and Blood Forming Organs and Immunological Disorders</td>
<td>761</td>
<td>38</td>
<td>27</td>
<td>1.43</td>
</tr>
<tr>
<td>Cancer</td>
<td>3,308</td>
<td>825</td>
<td>686</td>
<td>1.20</td>
</tr>
<tr>
<td>Circulatory System</td>
<td>8,532</td>
<td>205</td>
<td>184</td>
<td>1.12</td>
</tr>
<tr>
<td>Digestive System</td>
<td>5,284</td>
<td>94</td>
<td>102</td>
<td>0.92</td>
</tr>
<tr>
<td>Endocrine, Nutritional And Metabolic System</td>
<td>2,496</td>
<td>118</td>
<td>165</td>
<td>0.72</td>
</tr>
<tr>
<td>Hepatobiliary System And Pancreas</td>
<td>1,994</td>
<td>63</td>
<td>63</td>
<td>0.99</td>
</tr>
<tr>
<td>Infectious and Parasitic Diseases</td>
<td>1,038</td>
<td>77</td>
<td>79</td>
<td>0.98</td>
</tr>
<tr>
<td>Injuries, Poisoning And Toxic Effect of Drugs</td>
<td>1,310</td>
<td>11</td>
<td>14</td>
<td>0.81</td>
</tr>
<tr>
<td>Kidney And Urinary System</td>
<td>2,297</td>
<td>98</td>
<td>96</td>
<td>1.02</td>
</tr>
<tr>
<td>Mental Diseases and Disorders</td>
<td>667</td>
<td>15</td>
<td>17</td>
<td>0.91</td>
</tr>
<tr>
<td>Myeloproliferative DDs (Poorly Differentiated Neoplasms)</td>
<td>110</td>
<td>5</td>
<td>3</td>
<td>1.47</td>
</tr>
<tr>
<td>Nervous System</td>
<td>3,452</td>
<td>218</td>
<td>285</td>
<td>0.77</td>
</tr>
<tr>
<td>Respiratory System</td>
<td>5,212</td>
<td>240</td>
<td>298</td>
<td>0.80</td>
</tr>
<tr>
<td>Skin and Subcutaneous Tissue</td>
<td>1,039</td>
<td>20</td>
<td>33</td>
<td>0.60</td>
</tr>
<tr>
<td>North West LHIN Total</td>
<td>46,263</td>
<td>2,064</td>
<td>2,112</td>
<td>0.98</td>
</tr>
</tbody>
</table>

Source: Preyra Solutions Group. Palliative Care in the North West LHIN. June 2012.

- North West LHIN’s hospitalized cancer patients had good access to hospital based palliative care (actual over expected =1.20).

- Access to palliative care was less than expected for hospitalized patients in the: Nervous System, respiratory system, and endocrine diagnosis groups.

Among patients with a palliative care diagnosis (MRDx or other), North West LHIN had the lowest percentage of patients that died in hospital and the highest percentage of patients discharged to complex continuing care or home care.

The following table shows the discharge destination of patients with a palliative care diagnosis in the North West LHIN by fiscal year.
Discharge Destination for Patients with Palliative Care in North West LHIN by Year

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>ACUTE</th>
<th>CCC</th>
<th>DIED</th>
<th>HOME</th>
<th>HOME CARE</th>
<th>LTC</th>
<th>OTHER</th>
<th>IP REHAB</th>
<th>RETIREMENT HOME</th>
<th>Discharges with Palliative Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006/07</td>
<td>4%</td>
<td>17%</td>
<td>55%</td>
<td>6%</td>
<td>16%</td>
<td>1%</td>
<td>0%</td>
<td>0%</td>
<td>1%</td>
<td>313</td>
</tr>
<tr>
<td>2007/08</td>
<td>5%</td>
<td>20%</td>
<td>49%</td>
<td>6%</td>
<td>17%</td>
<td>1%</td>
<td>0%</td>
<td>0%</td>
<td>2%</td>
<td>481</td>
</tr>
<tr>
<td>2008/09</td>
<td>3%</td>
<td>20%</td>
<td>45%</td>
<td>7%</td>
<td>17%</td>
<td>4%</td>
<td>0%</td>
<td>0%</td>
<td>3%</td>
<td>619</td>
</tr>
<tr>
<td>2009/10</td>
<td>5%</td>
<td>21%</td>
<td>38%</td>
<td>8%</td>
<td>21%</td>
<td>4%</td>
<td>0%</td>
<td>0%</td>
<td>3%</td>
<td>988</td>
</tr>
<tr>
<td>2010/11</td>
<td>4%</td>
<td>20%</td>
<td>38%</td>
<td>8%</td>
<td>24%</td>
<td>3%</td>
<td>0%</td>
<td>0%</td>
<td>2%</td>
<td>1,033</td>
</tr>
<tr>
<td>Total</td>
<td>5%</td>
<td>20%</td>
<td>43%</td>
<td>7%</td>
<td>20%</td>
<td>3%</td>
<td>0%</td>
<td>0%</td>
<td>2%</td>
<td>3,434</td>
</tr>
</tbody>
</table>

Source: Preyra Solutions Group. Palliative Care in the North West LHIN. June 2012.

- The percentage of acute patients with a palliative care diagnosis that died in hospital decreased from 55 percent in 2006/07 to 38 percent in 2010/11.
- Use of home care for palliative patients increased from 16 percent to 24 percent and was the highest of all LHINs in 2010/11.
- Use of CCC for palliative care was consistently high in the North West LHIN and was the highest of all LHINs in 2010/11.
- Discharges with a palliative care diagnosis (in any Dx field) increased by 235 percent over the past 5 years. The coding or use of palliative care changed substantially in North West LHIN and across the province over the past 5 years.

A palliative care patient’s probability of being discharged to a non-acute setting varies across the North West LHIN. The following table show the distribution of discharge destinations for palliative care patients by patient residence (IDN area).

Discharge Destination for Patients with Palliative Care in North West LHIN, Fiscal Year 2010/11

<table>
<thead>
<tr>
<th>Patient Residence</th>
<th>Acute</th>
<th>CCC</th>
<th>Died</th>
<th>Home</th>
<th>Home Care</th>
<th>LTC</th>
<th>IP Rehab</th>
<th>Retirement Home</th>
<th>Discharges with Palliative Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kenora IDN</td>
<td>5%</td>
<td>2%</td>
<td>72%</td>
<td>7%</td>
<td>11%</td>
<td>4%</td>
<td></td>
<td></td>
<td>148</td>
</tr>
<tr>
<td>Northern IDN</td>
<td>12%</td>
<td>4%</td>
<td>53%</td>
<td>18%</td>
<td>12%</td>
<td></td>
<td></td>
<td></td>
<td>49</td>
</tr>
<tr>
<td>Rainy River IDN</td>
<td>11%</td>
<td>6%</td>
<td>42%</td>
<td>12%</td>
<td>22%</td>
<td>2%</td>
<td></td>
<td></td>
<td>100</td>
</tr>
<tr>
<td>Thunder Bay District IDN</td>
<td>17%</td>
<td>9%</td>
<td>46%</td>
<td>10%</td>
<td>19%</td>
<td></td>
<td></td>
<td></td>
<td>94</td>
</tr>
</tbody>
</table>

Source: Preyra Solutions Group. Palliative Care in the North West LHIN. June 2012.
### Patient Residence

<table>
<thead>
<tr>
<th>Patient Residence</th>
<th>Acute</th>
<th>CCC</th>
<th>Died</th>
<th>Home</th>
<th>Home Care</th>
<th>LTC</th>
<th>IP Rehab</th>
<th>Retirement Home</th>
<th>Discharges with Palliative Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>City of Thunder Bay IDN</td>
<td>1%</td>
<td>29%</td>
<td>28%</td>
<td>6%</td>
<td>30%</td>
<td>4%</td>
<td>0%</td>
<td>2%</td>
<td>642</td>
</tr>
<tr>
<td>North West LHIN</td>
<td>4%</td>
<td>20%</td>
<td>38%</td>
<td>8%</td>
<td>24%</td>
<td>3%</td>
<td>0%</td>
<td>2%</td>
<td>1,033</td>
</tr>
</tbody>
</table>

Source: Preyra Solutions Group. Palliative Care in the North West LHIN. June 2012.

*Note: Counts in this table can include the same person more than once if they had multiple acute care admissions with a palliative care diagnosis.*

- In the Kenora IDN, 77% of palliative care patients either died in hospital or were transferred to another acute hospital.
- In the City of Thunder Bay, only 29% of palliative care patients died in hospital or were transferred to an acute hospital.

### 8.0 Emergency Department Utilization

**Data Source:**  
Analysis is based on information from the National Ambulatory Care Reporting System.

**CTAS levels:**  
The Canadian Triage and Acuity Scale (CTAS), developed by the Canadian Association of Emergency Physicians (CAEP), is used by hospital emergency departments to prioritize patient's care according to the type and severity of their presenting signs and symptoms. The levels are noted below. More information on triage level guidelines is available at: [http://caep.ca/resources/ctas/implementation-guidelines#level1](http://caep.ca/resources/ctas/implementation-guidelines#level1)

I Resuscitation: Conditions that are threats to life or limb (or imminent risk of deterioration) requiring immediate aggressive interventions.

II Emergent: Conditions that are a potential threat to life limb or function, requiring rapid medical intervention or delegated acts.

III Urgent: Conditions that could potentially progress to a serious problem requiring emergency intervention. These conditions may be associated with significant discomfort or affecting ability to function at work or activities of daily living.

IV Less Urgent (Semi urgent): Conditions that are related to patient age, distress, or potential for deterioration or complications would benefit from intervention or reassurance within 1-2 hours.

V Non Urgent: Conditions that may be acute but non-urgent as well as conditions that may be part of a chronic problem with or without evidence of deterioration. The investigation or interventions for some of these illnesses or injuries could be delayed or even referred to other areas of the hospital or health care system

**NORTH WEST LHIN:**

- In fiscal year 2010/11, there were 209,195 ED visits to North West LHIN hospitals and nearly 4% of these visits were by residents of other LHINs. Between FY 2006/07 and FY 2010/11, there was 3.8% growth in ED visits for North West LHIN hospitals compared to 6.4% growth for Ontario.
From FY 2006/07 to FY 2010/11 in North West LHIN hospitals, the number of visits in the lower acuity levels declined while those in the higher acuity levels increased. CTAS IV & V visits decreased by 8.2%, while CTAS III increased by 19.4% and CTAS I & II increased by 13.1%.

In FY 2010/11, the largest proportion of ED visits in North West LHIN hospitals was in CTAS IV & V (51.0%) that was greater than the corresponding proportion for Ontario (42.8%). North West LHIN hospitals had smaller proportions of visits in the CTAS I-III compared to Ontario hospitals.

North West LHIN hospitals had a shorter 90th percentile EDLOS than the province in FY 2010/11.

Of the individuals who visit emergency departments in the North West LHIN for an unscheduled visit, 8.6% are admitted to hospital\(^\text{12}\). The 90\(^{\text{th}}\) percentile wait time for these admissions was 29.13 hours in 2011/12 compared to 28.83 in 2010/11, above the target of 25 hours.

There were 203,276 visits by North West LHIN residents in FY 2010/11 and 1.1% of these visits occurred in other LHINs. Between FY 2006/07 and FY 2010/11, both the number and rate of ED visits increased for North West LHIN residents.

North West LHIN residents had the highest ED visit rate in the province (see next graph). Compared with the provincial average, LHIN residents had higher ED visit rates across all age groups.

\[\text{12 NACRS data, fiscal year 2011/12, CIHI Portal. August 24, 2012.}\]
The rate of ED visits best treated in alternative primary care settings for North West LHIN residents was the 2nd highest in the province at 57.2, which was twice the rate for Ontario residents.

Among all LHINs, North West LHIN hospitals had the largest proportion of ED visits in FY 2010/11, for diseases of the skin and subcutaneous tissue and breast and the smallest proportion of ED visits for digestive system, kidney and genitourinary tract and circulatory system disorders.

UNSCHEDULED EMERGENCY DEPARTMENT VISITS BY TOP 10 MAJOR AMBULATORY CLUSTERS, NORTH WEST LHIN HOSPITALS, FY 2010/11

<table>
<thead>
<tr>
<th>Major Ambulatory Cluster (MAC)</th>
<th>NORTH WEST LHIN</th>
<th>Ontario</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>(21) Trauma, coma and toxic effects</td>
<td>34,852</td>
<td>1,112,707</td>
<td>Largest % in province</td>
</tr>
<tr>
<td>(09) Diseases and disorders of the skin and subcutaneous tissue and breast</td>
<td>25,577</td>
<td>522,954</td>
<td>9.4</td>
</tr>
<tr>
<td>(03) Diseases and disorders of the ear, nose, mouth and throat</td>
<td>23,186</td>
<td>543,647</td>
<td>9.7</td>
</tr>
<tr>
<td>(20) Examination and other health factors</td>
<td>21,821</td>
<td>345,451</td>
<td>6.2</td>
</tr>
<tr>
<td>(06) Diseases and disorders of the digestive system</td>
<td>18,822</td>
<td>609,138</td>
<td>Smallest % in province</td>
</tr>
<tr>
<td>(08) Diseases and disorders of the musculoskeletal system and connective tissue</td>
<td>15,058</td>
<td>355,078</td>
<td>6.4</td>
</tr>
<tr>
<td>(04) Diseases and disorders of the respiratory system</td>
<td>12,706</td>
<td>352,806</td>
<td>6.3</td>
</tr>
<tr>
<td>(11) Diseases and disorders of kidney and genitourinary tract</td>
<td>11,939</td>
<td>340,074</td>
<td>Smallest % in province</td>
</tr>
</tbody>
</table>
### North West LHIN Local Environmental Scan

#### Major Ambulatory Cluster (MAC) |
<table>
<thead>
<tr>
<th>NORTH WEST LHIN</th>
<th>Ontario</th>
</tr>
</thead>
<tbody>
<tr>
<td>#</td>
<td>%</td>
</tr>
<tr>
<td>(05) Diseases and disorders of the circulatory system</td>
<td>11,792</td>
</tr>
<tr>
<td>(19) Mental diseases and disorders</td>
<td>9,485</td>
</tr>
<tr>
<td>All other MACs</td>
<td>23,958</td>
</tr>
<tr>
<td>Total</td>
<td>209,196</td>
</tr>
</tbody>
</table>

#### UNSCHEDULED EMERGENCY DEPARTMENT VISIT UTILIZATION, NORTH WEST LHIN, FY 2010/11

<table>
<thead>
<tr>
<th>Indicator</th>
<th>NORTH WEST LHIN</th>
<th>Ontario †</th>
<th>% change LHIN, FY 2006/07-FY 2010/11</th>
</tr>
</thead>
<tbody>
<tr>
<td>LHIN of hospital</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visits ‡</td>
<td>209,195</td>
<td>5,582,867</td>
<td>3.8</td>
</tr>
<tr>
<td># visits by CTAS level</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I &amp; II (resuscitation/emergent)</td>
<td>24,814</td>
<td>870,879</td>
<td>13.1</td>
</tr>
<tr>
<td>III (urgent)</td>
<td>75,292</td>
<td>2,301,599</td>
<td>19.4</td>
</tr>
<tr>
<td>IV &amp; V (less urgent/non urgent)</td>
<td>106,721</td>
<td>2,387,466</td>
<td>-8.2</td>
</tr>
<tr>
<td>% visits by CTAS level ‡</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I &amp; II (resuscitation/emergent)</td>
<td>11.9</td>
<td>15.6</td>
<td></td>
</tr>
<tr>
<td>III (urgent)</td>
<td>36.0</td>
<td>41.2</td>
<td></td>
</tr>
<tr>
<td>IV &amp; V (less urgent/non urgent)</td>
<td>51.0</td>
<td>42.8</td>
<td></td>
</tr>
<tr>
<td>90th percentile EDLOS (hours)</td>
<td>6.6</td>
<td>8.2</td>
<td></td>
</tr>
<tr>
<td>% Inflow visits</td>
<td>3.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LHIN of patient</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visits ‡</td>
<td>203,276</td>
<td>5,488,869</td>
<td>3.9</td>
</tr>
<tr>
<td>ED visit rate/1,000 population</td>
<td>851.4</td>
<td>415.5</td>
<td>5.9</td>
</tr>
<tr>
<td>Age-specific ED visit rates/1,000 population 0-19 years</td>
<td>807.8</td>
<td>413.5</td>
<td></td>
</tr>
<tr>
<td>20-44</td>
<td>891.8</td>
<td>383.6</td>
<td></td>
</tr>
<tr>
<td>45-64</td>
<td>736.1</td>
<td>363.7</td>
<td></td>
</tr>
<tr>
<td>65-74</td>
<td>908.8</td>
<td>470.4</td>
<td></td>
</tr>
<tr>
<td>75+ years</td>
<td>1,241.8</td>
<td>751.6</td>
<td></td>
</tr>
<tr>
<td># visits by CTAS level</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I &amp; II (resuscitation/emergent)</td>
<td>24,380</td>
<td>859,100</td>
<td>12.7</td>
</tr>
<tr>
<td>III (urgent)</td>
<td>73,565</td>
<td>2,267,331</td>
<td>19.1</td>
</tr>
<tr>
<td>IV &amp; V (less urgent/non urgent)</td>
<td>103,024</td>
<td>2,339,959</td>
<td>-8.0</td>
</tr>
<tr>
<td>% visits by CTAS level</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I &amp; II (resuscitation/emergent)</td>
<td>12.0</td>
<td>15.7</td>
<td></td>
</tr>
<tr>
<td>III (urgent)</td>
<td>36.2</td>
<td>41.3</td>
<td></td>
</tr>
<tr>
<td>IV &amp; V (less urgent/non urgent)</td>
<td>50.7</td>
<td>42.6</td>
<td></td>
</tr>
<tr>
<td>% Outflow visits</td>
<td>1.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ED visits best treated in alternative primary care settings/1,000 population age 1-74,</td>
<td>57.2</td>
<td>23.3</td>
<td></td>
</tr>
</tbody>
</table>

*LHIN of patient results for Ontario exclude out-of-province residents. †Includes visits with missing/unknown CTAS level.
9.0 Day Surgery and Cardiac Catheterization Visits

Data Source:
Analysis is based on information from the National Ambulatory Care Reporting System.

NORTH WEST LHIN:
Day Surgery and Cardiac Catheterization Visits
- In fiscal year 2010/11, there were 28,950 day surgery and ambulatory cardiac catheterization visits to North West LHIN hospitals. Residents of other LHINs accounted for 0.8% of the visits in fiscal year 2010/11.
- Between fiscal year 2006/07 and fiscal year 2010/11, there was 12.9% growth in North West LHIN hospital day surgery and cardiac catheterization visits.
- There were 29,581 day surgery and ambulatory cardiac catheterization visits for North West LHIN residents, and approximately 3% of these visits occurred in hospitals outside the LHIN. There was growth in both the number and rate of visits for LHIN residents over the period.
- North West LHIN residents had the 3rd highest visit rate in the province. This rate was higher than the provincial average.
- The day surgery visit rate was highest for residents aged 65-74 years. The visit rates for North West LHIN residents were higher than the provincial average for all age groups.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>NORTH WEST LHIN</th>
<th>Ontario</th>
<th>% Change FY 2006/07- FY 2010/11</th>
</tr>
</thead>
<tbody>
<tr>
<td>LHIN of hospital</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visits</td>
<td>28,950</td>
<td>1,238,803</td>
<td>12.9</td>
</tr>
<tr>
<td>% Inflow</td>
<td>0.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LHIN of patient</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visits</td>
<td>29,581</td>
<td>1,230,218</td>
<td>11.6</td>
</tr>
<tr>
<td>% Outflow</td>
<td>2.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visits per 1000</td>
<td>123.9</td>
<td>93.1</td>
<td>13.7</td>
</tr>
<tr>
<td>Age Specific Visits per 1,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-19 years</td>
<td>34.6</td>
<td>23.4</td>
<td></td>
</tr>
<tr>
<td>20-44</td>
<td>70.5</td>
<td>50.8</td>
<td></td>
</tr>
<tr>
<td>45-64</td>
<td>168.4</td>
<td>128.2</td>
<td></td>
</tr>
<tr>
<td>65-74</td>
<td>308.5</td>
<td>246.4</td>
<td></td>
</tr>
<tr>
<td>75+ years</td>
<td>274.4</td>
<td>245.8</td>
<td></td>
</tr>
</tbody>
</table>

10.0 Inpatient Rehabilitation Utilization

Data Source:
Analysis is based on the National Rehabilitation Reporting System.

NORTH WEST LHIN:
Adult Inpatient Rehabilitation
In fiscal year 2010/11, there were 561 admissions to inpatient rehabilitation units in North West LHIN hospitals; 70.6% of these admissions were to general and 29.4% to special units. Residents of other LHINs accounted for 1.6% of the total rehabilitation admissions to LHIN hospitals.

Between fiscal year 2006/07 and FY 2010/11 admissions to North West LHIN hospital general units decreased by 31.6%, while admissions to special units increased by 8.6%.

In fiscal year 2010/11, there were 560 admissions for North West LHIN residents, and 1.4% received treatment in hospitals outside the LHIN. Both the number and rate of admissions for LHIN residents declined between FY 2006/07 and FY 2010/11.

The rehabilitation admission rate for North West LHIN residents was higher than the provincial average.

Residents aged 75-84 years had the highest admission rate to inpatient rehabilitation. Compared with the province, North West LHIN residents had higher admission rates for those aged 18 to 84 years and a lower rate for residents aged 85 and older.

North West LHIN residents had high rates of admission to IP rehab units for unilateral hip and knee replacements and strokes compared to the rest of the province.\(^\text{13}\)

The average length of stay for all patients discharged from IP rehab units in the North West LHIN was 30 days compared to 25 for all provincial IP rehab facilities.\(^\text{14}\)

### ADULT INPATIENT REHABILITATION ADMISSIONS, NORTH WEST LHIN AND ONTARIO, FY 2010/11

<table>
<thead>
<tr>
<th>Indicator</th>
<th>NORTH WEST LHIN</th>
<th>Ontario</th>
<th>% Change FY 2006/07-FY 2010/11</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LHIN of hospital</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General admissions</td>
<td>396</td>
<td>26,307</td>
<td>-31.6</td>
</tr>
<tr>
<td>Special admissions</td>
<td>165</td>
<td>3,403</td>
<td>8.6</td>
</tr>
<tr>
<td>Total admissions</td>
<td>561</td>
<td>29,710</td>
<td>-23.3</td>
</tr>
<tr>
<td>% Inflow</td>
<td>1.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>LHIN of patient</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total admissions</td>
<td>560</td>
<td>29,536</td>
<td>-21.8</td>
</tr>
<tr>
<td>% Outflow</td>
<td>1.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Admissions per 100,000 aged 18+</td>
<td>298.1</td>
<td>281.5</td>
<td>-22.1</td>
</tr>
<tr>
<td>Age-specific admissions per 100,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-44 years</td>
<td>50.4</td>
<td>29.1</td>
<td></td>
</tr>
<tr>
<td>45-64 years</td>
<td>184.5</td>
<td>166.7</td>
<td></td>
</tr>
<tr>
<td>65-74 years</td>
<td>765.9</td>
<td>658.2</td>
<td></td>
</tr>
<tr>
<td>75-84 years</td>
<td>1,608.7</td>
<td>1,579.7</td>
<td></td>
</tr>
<tr>
<td>85+ years</td>
<td>1,057.2</td>
<td>2,353.7</td>
<td></td>
</tr>
</tbody>
</table>

11.0  **Mental Health Services Utilization**

Data Sources:

13 Preyra Solutions Group. Inpatient Rehabilitation in the North West LHIN. June 2012.
14 Preyra Solutions Group. Inpatient Rehabilitation in the North West LHIN. June 2012.
The analysis is based on the National Ambulatory Care Reporting System, the Ontario Mental Health Reporting System, ConnexOntario Health Services Information, and the Canadian Institute for Health Information Health Indicators.

### UNSCHEDULED ED UTILIZATION FOR MENTAL HEALTH AND SUBSTANCE ABUSE CONDITIONS
**BY LHIN OF PATIENT RESIDENCE, FY 2010/11**

<table>
<thead>
<tr>
<th>LHIN of patient</th>
<th>Mental Health/Substance Abuse Visits</th>
<th>Visit Rate per 1,000</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Main Problem % of Total ED Visits</td>
<td>Any Problem % of Total ED Visits</td>
</tr>
<tr>
<td>Erie St. Clair</td>
<td>10,339</td>
<td>3.3</td>
</tr>
<tr>
<td>South West</td>
<td>15,017</td>
<td>2.6</td>
</tr>
<tr>
<td>Waterloo Wellington</td>
<td>9,488</td>
<td>3.5</td>
</tr>
<tr>
<td>HNHB</td>
<td>19,939</td>
<td>3.3</td>
</tr>
<tr>
<td>Central West</td>
<td>7,478</td>
<td>3.0</td>
</tr>
<tr>
<td>Mississauga Halton</td>
<td>9,677</td>
<td>3.0</td>
</tr>
<tr>
<td>Toronto Central</td>
<td>21,568</td>
<td>5.7</td>
</tr>
<tr>
<td>Central</td>
<td>15,061</td>
<td>3.1</td>
</tr>
<tr>
<td>Central East</td>
<td>19,535</td>
<td>3.4</td>
</tr>
<tr>
<td>South East</td>
<td>8,023</td>
<td>2.7</td>
</tr>
<tr>
<td>Champlain</td>
<td>19,615</td>
<td>3.6</td>
</tr>
<tr>
<td>North Simcoe Muskoka</td>
<td>6,118</td>
<td>2.7</td>
</tr>
<tr>
<td>North East</td>
<td>14,847</td>
<td>3.4</td>
</tr>
<tr>
<td>North West</td>
<td>8,272</td>
<td>4.1</td>
</tr>
<tr>
<td>Unknown LHIN</td>
<td>6,598</td>
<td>25.8</td>
</tr>
<tr>
<td>Out-of Province</td>
<td>2,136</td>
<td>2.3</td>
</tr>
<tr>
<td>Ontario Residents</td>
<td>191,575</td>
<td>3.5</td>
</tr>
</tbody>
</table>

### UNSCHEDULED EMERGENCY DEPARTMENT VISITS FOR MENTAL HEALTH AND SUBSTANCE ABUSE CONDITIONS (MAIN PROBLEM ONLY) PER 100,000 POPULATIONS BY LHIN OF PATIENT RESIDENCE AND AGE GROUP, FY 2010/11

<table>
<thead>
<tr>
<th>LHIN of patient</th>
<th>Visit rate by age group, per 1,000</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0-19</td>
</tr>
<tr>
<td>Erie St. Clair</td>
<td>10.9</td>
</tr>
<tr>
<td>South West</td>
<td>10.8</td>
</tr>
<tr>
<td>Waterloo Wellington</td>
<td>8.6</td>
</tr>
<tr>
<td>HNHB</td>
<td>9.1</td>
</tr>
<tr>
<td>Central West</td>
<td>5.6</td>
</tr>
<tr>
<td>Mississauga Halton</td>
<td>5.3</td>
</tr>
<tr>
<td>Toronto Central</td>
<td>6.9</td>
</tr>
<tr>
<td>Central</td>
<td>5.5</td>
</tr>
<tr>
<td>Central East</td>
<td>8.6</td>
</tr>
<tr>
<td>South East</td>
<td>13.6</td>
</tr>
<tr>
<td>Champlain</td>
<td>11.1</td>
</tr>
</tbody>
</table>
NORTH WEST LHIN:

Mental Health and Substance Abuse Emergency Department Visits

- In FY 2010/11, there were 8,272 unscheduled ED visits for North West residents where the main problem was a MH/SA condition. There were 10,942 visits in total or 2,670 additional visits with a MH/SA condition in any of the diagnostic fields.
- Between FY 2006/07 and FY 2010/11, there was 13.5% growth in visits with a MH/SA main problem diagnosis and 16.2% growth in visits with a MH/SA condition in any diagnostic field.
- North West LHIN residents had the highest MH/SA ED visit rates in the province. The main problem visit rate increased by 15.6% over the period, while there was 18.4% growth in the any problem visit rate.
- Visits with a MH/SA main problem diagnosis accounted for 4.1% of all ED visits for North West LHIN residents, which is higher than the proportion for Ontario.
- The ED visit rates for MH/SA conditions were highest for residents aged 20-44 years. The MH/SA ED visit rates for North West LHIN residents were higher than the provincial average for all age groups. The rate for North West residents aged 20-44 years was three times higher than the rate for Ontario residents.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>NORTH WEST LHIN</th>
<th>Ontario</th>
<th>% change FY 2006/07-FY 2010/11</th>
</tr>
</thead>
<tbody>
<tr>
<td>LHIN of patient</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Main problem visits</td>
<td>8,272</td>
<td>191,575</td>
<td>13.5</td>
</tr>
<tr>
<td>% of total ED visits</td>
<td>4.1</td>
<td>3.5</td>
<td></td>
</tr>
<tr>
<td>Any problem visits</td>
<td>10,942</td>
<td>239,978</td>
<td>16.2</td>
</tr>
<tr>
<td>% of total ED visits</td>
<td>5.4</td>
<td>4.4</td>
<td></td>
</tr>
<tr>
<td>Main problem, visits per 1,000</td>
<td>34.6</td>
<td>14.5</td>
<td>15.6</td>
</tr>
<tr>
<td>Any problem, visits per 1,000</td>
<td>45.8</td>
<td>18.2</td>
<td>18.4</td>
</tr>
<tr>
<td>Main problem, age-specific visit rates per</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-19</td>
<td>21.5</td>
<td>8.9</td>
<td></td>
</tr>
<tr>
<td>20-44</td>
<td>61.5</td>
<td>19.9</td>
<td></td>
</tr>
<tr>
<td>45-64</td>
<td>25.7</td>
<td>14.5</td>
<td></td>
</tr>
<tr>
<td>65-74</td>
<td>18.0</td>
<td>9.1</td>
<td></td>
</tr>
<tr>
<td>75+</td>
<td>18.3</td>
<td>11.9</td>
<td></td>
</tr>
</tbody>
</table>

Utilization of Adult Designated Mental Health Beds

- In FY 2010/11, there were 1,514 admissions to and 1,641 active cases that received treatment in adult designated MH units in North West LHIN hospitals. There were 1,502 discharges from these
units with a total length of stay of 42,324 days. The average length of stay in North West LHIN MH units was 28.2 days compared to 31.2 days for Ontario. Residents from other LHINs accounted for 5.1% of the active cases treated in North West LHIN.

- Active cases, admissions, discharges, and days declined for North West LHIN hospitals between FY 2006/07 and FY 2010/11.
- Mood disorders (40.7%) and schizophrenia and psychotic disorders (28.5%) accounted for the largest proportions of active cases in North West LHIN adult MH units in FY 2010/11. Compared with the provincial average, North West had larger proportions of active cases with cognitive disorders, personality disorders and substance related disorders.
- There were 1,594 active cases, 1,468 admissions, and 1,454 discharges for North West LHIN residents from Ontario adult designated MH units. Approximately 2% of North West LHIN resident active cases received treatment in hospitals outside the LHIN. Compared with the provincial average, North West LHIN residents had higher rates of active cases, admissions, discharges, and total days per 100,000 population.
- Active cases, admissions, discharges, total days and the associated rates declined for North West LHIN residents between FY 2006/07 and FY 2010/11.
- North West LHIN residents had a lower rate of active cases for those aged 65-74 years, compared to the province, but had higher rates for all other age groups.

CIHI Mental Health Indicators

The following indicators were taken from the CIHI Health Indicators 2012 edition. The CIHI analysis uses different selection criteria and data sources; therefore, results may differ from those shown in the utilization of adult designated mental health units section.

- In FY 2010/11, North West LHIN residents had significantly higher rates of mental illness hospitalizations and patient days among those aged 15 and older compared to the province.
- North West LHIN residents had the highest rate of self-injury hospitalizations in the province.

### MENTAL HEALTH INDICATORS, NORTH WEST LHIN, FY 2010/11 †

<table>
<thead>
<tr>
<th>Indicator</th>
<th>NORTH WEST LHIN</th>
<th>Ontario</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental illness hospitalizations (rate per 100,000, age 15+)</td>
<td>865</td>
<td>409</td>
</tr>
<tr>
<td>Mental illness patient days (rate per 10,000, 15+)</td>
<td>914</td>
<td>485</td>
</tr>
<tr>
<td>Patients with repeat hospitalizations for mental illness, (%)</td>
<td>10.8</td>
<td>10.5</td>
</tr>
<tr>
<td>30-day readmission for mental illness, (%)</td>
<td>12.6</td>
<td>11.5</td>
</tr>
<tr>
<td>Self-injury hospitalizations (rate per 100,000, 15+)</td>
<td>188</td>
<td>63</td>
</tr>
</tbody>
</table>

† With the exception of patients with repeat hospitalizations for mental illness, which is for 2009/10.

Wait Time for Community Services

- In FY 2011/12, support within housing and ACT Teams had the longest median wait times among the community MH services in North West LHIN. The median wait time in North West LHIN for support within housing was longer than the median for Ontario, while the median wait times for all other community MH services was less than or equal to the provincial medians.
- Among the SA services provided in North West LHIN, residential treatment had the longest median wait time at 55 days, which was longer than the provincial median. The median wait times...
Community day/evening treatment and residential treatment were the only problem gambling services provided in North West LHIN in FY 2011/12. Residential treatment for problem gambling is provided in only three LHINs in the province, and the median wait time for this service in the North West was 9 days longer than the provincial median. The median wait time for community day/evening treatment was 60 days compared to 0 days for the province.

### MEDIAN WAIT TIME TO NEXT AVAILABLE TREATMENT SLOT FOR COMMUNITY MENTAL HEALTH, SUBSTANCE ABUSE AND PROBLEM GAMBLING SERVICES BY SERVICE TYPE, NORTH WEST LHIN SERVICE PROVIDERS, FY 2010/11-FY 2011/12

<table>
<thead>
<tr>
<th>Service Type</th>
<th>NORTH WEST LHIN FY 2010/11</th>
<th>NORTH WEST LHIN FY 2011/12</th>
<th>Ontario FY 2010/11</th>
<th>Ontario FY 2011/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Mental Health Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abuse Service</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Assertive Community Treatment Team</td>
<td>12</td>
<td>30</td>
<td>30</td>
<td>31</td>
</tr>
<tr>
<td>Case Management</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Counselling and Treatment</td>
<td>0</td>
<td>0</td>
<td>6</td>
<td>14</td>
</tr>
<tr>
<td>Diversion and Court Support</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Early Intervention</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Short-Term Crisis Support Beds</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Support Within Housing</td>
<td>54</td>
<td>142</td>
<td>48</td>
<td>71</td>
</tr>
<tr>
<td>Vocational/Employment</td>
<td>14</td>
<td>14</td>
<td>14</td>
<td>14</td>
</tr>
<tr>
<td>Substance Abuse Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case Management</td>
<td>4</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Community Day/Evening Treatment</td>
<td>22</td>
<td>5</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Community Medical/Psychiatric</td>
<td></td>
<td>77</td>
<td>62</td>
<td></td>
</tr>
<tr>
<td>Community Treatment</td>
<td>0</td>
<td>0</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>Community Withdrawal Management</td>
<td></td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Community Withdrawal Management</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initial Assessment/Treatment Planning</td>
<td>0</td>
<td>0</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Residential Medical/Psychiatric</td>
<td></td>
<td>100</td>
<td>71</td>
<td></td>
</tr>
<tr>
<td>Residential Supportive Level 1</td>
<td>15</td>
<td>5</td>
<td>12</td>
<td>11</td>
</tr>
<tr>
<td>Residential Supportive Level 2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Residential Treatment</td>
<td>62</td>
<td>55</td>
<td>32</td>
<td>29</td>
</tr>
<tr>
<td>Problem Gambling Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Day/Evening Treatment</td>
<td>53</td>
<td>60</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Community Treatment</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Initial Assessment/Treatment Planning</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Public Awareness</td>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Residential Treatment</td>
<td>62</td>
<td>41</td>
<td>43</td>
<td>32</td>
</tr>
</tbody>
</table>

### 12.0 Complex Continuing Care Utilization

**Data Source:**
Analysis is based on the Complex Continuing Care Reporting System (CCRS).

**NORTH WEST LHIN:**
Complex Continuing Care (CCC)

- In FY 2010/11 there were 1,280 CCC active cases treated in North West LHIN hospitals. Residents of other LHINs accounted for 1% of these active cases.
- North West LHIN hospital CCC active cases declined by 16.4% between FY 2006/07 and FY 2010/11.
- In FY 2010/11, there were 1,269 CCC active cases for North West LHIN residents, and nearly all of resident cases were treated in hospitals within the LHIN. There was a substantial reduction in both the number and rate of active cases for LHIN residents over the period.
- North West LHIN residents had the highest CCC active case rate in the province. This rate was 2.5 times higher than the provincial rate.
- The active case rate was highest for residents aged 90 and older. The CCC rates for North West LHIN residents were higher than the provincial average for all age groups.

### COMPLEX CONTINUING CARE ACTIVE CASES, NORTH WEST LHIN AND ONTARIO, FY 2010/11

<table>
<thead>
<tr>
<th>Indicator</th>
<th>NORTH WEST LHIN</th>
<th>Ontario</th>
<th>% change FY 2006/07-FY 2010/11</th>
</tr>
</thead>
<tbody>
<tr>
<td>LHIN of hospital</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Active cases</td>
<td>1,280</td>
<td>28,698</td>
<td>-16.4</td>
</tr>
<tr>
<td>% Inflow</td>
<td>1.0</td>
<td>1.0</td>
<td></td>
</tr>
<tr>
<td>LHIN of patient</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Active cases</td>
<td>1,269</td>
<td>28,534</td>
<td>-16.3</td>
</tr>
<tr>
<td>% Outflow</td>
<td>0.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Active cases per 100,000 population</td>
<td>531.5</td>
<td>216.0</td>
<td>-14.7</td>
</tr>
<tr>
<td>Age specific cases per 100,000 population 0-64 years</td>
<td>133.9</td>
<td>48.1</td>
<td></td>
</tr>
<tr>
<td>65-74 years</td>
<td>1,192.0</td>
<td>498.3</td>
<td></td>
</tr>
<tr>
<td>75-79 years</td>
<td>2,717.6</td>
<td>1,129.1</td>
<td></td>
</tr>
<tr>
<td>80-84 years</td>
<td>4,448.3</td>
<td>1,991.6</td>
<td></td>
</tr>
<tr>
<td>85-89 years</td>
<td>6,831.7</td>
<td>3,251.3</td>
<td></td>
</tr>
<tr>
<td>90+ years</td>
<td>7,517.1</td>
<td>4,442.4</td>
<td></td>
</tr>
</tbody>
</table>

The average frailty\(^\text{15}\) of acute discharges to CCC in North West is lower than the provincial average. At the provincial average discharge practice, there would have been 391 fewer discharges to CCC overall in the North West LHIN and 339 fewer acute discharges to CCC at St. Joseph’s Care Group. Preyra Solutions Group estimated that North West LHIN could provide the provincial average level of CCC service with 49 fewer CCC beds\(^\text{16}\).

The following table shows the variability in the Case Mix Index (CMI) at the facilities in the North West LHIN that have CCC beds.

---

\(^{15}\) Preyra Solutions Group’s Frailty Index is a measure of the relative frailty of complex continuing care clients discharged from acute hospitals. CCC hospitals that take on complex clients have a higher average frailty index than others. The frailty index is a composite measure based on the patient’s age and the presence or absence of the select diagnoses and interventions.

\(^{16}\) Preyra Solutions Group. Complex Continuing Care in the North West LHIN. June 2012.
### 13.0 Home Care Utilization

**Data Source:**
Analysis is based on the Home Care Database.

<table>
<thead>
<tr>
<th>LHIN</th>
<th>Crude Rate of Active Clients per 1,000 Population</th>
<th>Age groups</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>&lt;=18</td>
<td>19-44</td>
</tr>
<tr>
<td>Erie St. Clair</td>
<td>61.3</td>
<td>31.8</td>
</tr>
<tr>
<td>South West</td>
<td>59.9</td>
<td>27.4</td>
</tr>
<tr>
<td>Waterloo Wellington</td>
<td>49.8</td>
<td>27.1</td>
</tr>
<tr>
<td>HNHB</td>
<td>57.6</td>
<td>31.9</td>
</tr>
<tr>
<td>Central West</td>
<td>37.7</td>
<td>31.8</td>
</tr>
<tr>
<td>Mississauga Halton</td>
<td>36.7</td>
<td>21.9</td>
</tr>
<tr>
<td>Toronto Central</td>
<td>80.0</td>
<td>50.6</td>
</tr>
<tr>
<td>Central</td>
<td>38.7</td>
<td>25.4</td>
</tr>
<tr>
<td>Central East</td>
<td>48.2</td>
<td>35.2</td>
</tr>
<tr>
<td>South East</td>
<td>62.0</td>
<td>44.9</td>
</tr>
<tr>
<td>Champagne</td>
<td>47.5</td>
<td>26.3</td>
</tr>
<tr>
<td>North Simcoe Muskoka</td>
<td>56.8</td>
<td>32.2</td>
</tr>
<tr>
<td>North East</td>
<td>66.6</td>
<td>46.9</td>
</tr>
<tr>
<td><strong>North West</strong></td>
<td>60.0</td>
<td>40.2</td>
</tr>
<tr>
<td>Ontario</td>
<td>52.3</td>
<td>31.9</td>
</tr>
</tbody>
</table>
NORTH WEST LHIN

Active Home Care Clients
- The number of home care clients in the LHIN decreased by 4.3% between FY 2007/08 and FY 2010/11. There were decreases seen most age groups, with the largest in those aged 19-44 (13.6% decrease) followed by those aged 75-84 (10.9% decrease).
- The rate per 1,000 population of active home care clients in the North West LHIN decreased by 3.5% between FY 2007/08 and FY 2010/11.
- Compared to Ontario, the rates of active clients per 1,000 population were higher in the North West LHIN for all age groups except those aged 19-44.

CCAC Services by Type
- In the North West LHIN, there were 181,175 home care visits and 468,045 home care service hours provided in FY 2010/11. Nursing visits accounted for the largest number of home care visits and combined personal support work and homemaking hours accounted for the largest number of home care hours in the LHIN.
- Compared with the province, the rates per 1,000 population for home care service visits (758.8) and for home care service hours (1,960.2) were higher in the North West LHIN in FY 2010/11.
- North West LHIN had the highest rate per 1,000 population for speech language visits and the second lowest rate per 1,000 population for nutrition and dietetic visits in the province.

HOME CARE CLIENTS AND SERVICES IN THE NORTH WEST LHIN, FY 2010/11

<table>
<thead>
<tr>
<th>Indicator</th>
<th>NORTH WEST</th>
<th>Ontario</th>
<th>% change LHIN, FY 2007/08 to FY 2010/11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Active Clients</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All ages</td>
<td>14,324</td>
<td>691,393</td>
<td>-4.3%</td>
</tr>
<tr>
<td>&lt;=18</td>
<td>2,194</td>
<td>92,607</td>
<td>-9.4%</td>
</tr>
<tr>
<td>19-44</td>
<td>810</td>
<td>53,566</td>
<td>-13.6%</td>
</tr>
<tr>
<td>45-64</td>
<td>2,704</td>
<td>133,316</td>
<td>6.6%</td>
</tr>
<tr>
<td>65-74</td>
<td>2,224</td>
<td>104,527</td>
<td>-1.7%</td>
</tr>
<tr>
<td>75-84</td>
<td>3,608</td>
<td>176,197</td>
<td>-10.9%</td>
</tr>
<tr>
<td>&gt;=85</td>
<td>2,784</td>
<td>131,180</td>
<td>1.1%</td>
</tr>
<tr>
<td>Number of Visits</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Visits</td>
<td>181,175</td>
<td>8,563,029</td>
<td></td>
</tr>
<tr>
<td>Nursing Visit</td>
<td>128,717</td>
<td>5,701,931</td>
<td></td>
</tr>
<tr>
<td>Respiratory Services</td>
<td>123</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nutrition and Dietetic</td>
<td>311</td>
<td>45,249</td>
<td></td>
</tr>
<tr>
<td>Physiotherapy</td>
<td>10,394</td>
<td>426,841</td>
<td></td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td>10,074</td>
<td>473,130</td>
<td></td>
</tr>
<tr>
<td>Speech Language Therapy</td>
<td>11,409</td>
<td>234,645</td>
<td></td>
</tr>
<tr>
<td>Social Work</td>
<td>1,047</td>
<td>51,783</td>
<td></td>
</tr>
<tr>
<td>Psychology</td>
<td>339</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case Management</td>
<td>19,223</td>
<td>1,622,364</td>
<td></td>
</tr>
<tr>
<td>Placement Services</td>
<td></td>
<td>6,624</td>
<td></td>
</tr>
<tr>
<td>Number of Hours</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Hours</td>
<td>468,045</td>
<td>22,361,396</td>
<td></td>
</tr>
<tr>
<td>Nursing Shift Hours</td>
<td>4,280</td>
<td>1,617,524</td>
<td></td>
</tr>
<tr>
<td>Personal Support Work</td>
<td>1,744,611</td>
<td>74,686</td>
<td></td>
</tr>
</tbody>
</table>
Combined PSW & HM Hours | 461,885 | 18,632,255 |
Respite Hours | 1,880 | 292,320 |
Rate of Service Visits per 1,000 Population:
All Visits | 758.8 | 648.2 |
Nursing Visit | 539.1 | 431.6 |
Respiratory Services | 0.009 | |
Nutrition and Dietetic | 1.3 | 3.4 |
Physiotherapy | 43.5 | 32.3 |
Occupational Therapy | 42.2 | 35.8 |
Speech Language Therapy | 47.8 | 17.8 |
Social Work | 4.4 | 3.9 |
Psychology | 0.03 | |
Case Management | 80.5 | 122.8 |
Placement Services | 0.5 | |
Rate of Service Hours per 1,000 Population:
All Hours | 1,960.2 | 1,692.7 |
Nursing Shift Hours | 17.9 | 122.4 |
Personal Support Work (PSW) | 132.1 | |
Homemaking (HM) Hours | 5.7 | |
Combined PSW & HM Hours | 1,934.4 | 1,410.4 |
Respite Hours | 7.9 | 22.1 |

14.0 Long Term Care Utilization

Three Notes for Interpretation:
- LTC demand is the sum of LTC Residents (those in beds) plus LTC beds waitlist. The waitlist includes only those not in a LTC bed.
- LTC waitlist does not include persons in a LTC bed who are waiting for another LTC bed in the same or another LTC facility.
- LTC supply, LTC residents, LTC waitlist, LTC demand were as of December 31, 2011.

LTC SUPPLY, RESIDENTS, WAITLIST AND DEMAND PER 1,000 POPULATION AGED 75+ (DEC 31, 2011)

<table>
<thead>
<tr>
<th>LHIN</th>
<th>LTC Supply</th>
<th>LTC Residents</th>
<th>LTC beds waitlist</th>
<th>LTC demand Median TTP (days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Erie St. Clair</td>
<td>90.1</td>
<td>86.4</td>
<td>15.7</td>
<td>102.2</td>
</tr>
<tr>
<td>South West</td>
<td>99.7</td>
<td>97.0</td>
<td>20.0</td>
<td>117.1</td>
</tr>
<tr>
<td>Waterloo Wellington</td>
<td>84.1</td>
<td>82.3</td>
<td>16.3</td>
<td>98.6</td>
</tr>
<tr>
<td>HNHB</td>
<td>92.1</td>
<td>89.8</td>
<td>16.8</td>
<td>106.6</td>
</tr>
<tr>
<td>Central West</td>
<td>94.7</td>
<td>91.7</td>
<td>8.8</td>
<td>100.6</td>
</tr>
<tr>
<td>Mississauga Halton</td>
<td>69.4</td>
<td>68.2</td>
<td>16.8</td>
<td>85.0</td>
</tr>
<tr>
<td>Toronto Central</td>
<td>74.6</td>
<td>72.8</td>
<td>20.4</td>
<td>93.2</td>
</tr>
<tr>
<td>Central</td>
<td>69.5</td>
<td>66.9</td>
<td>23.1</td>
<td>89.9</td>
</tr>
<tr>
<td>Central East</td>
<td>87.6</td>
<td>85.0</td>
<td>38.1</td>
<td>123.1</td>
</tr>
<tr>
<td>South East</td>
<td>99.3</td>
<td>97.5</td>
<td>21.4</td>
<td>118.9</td>
</tr>
<tr>
<td>Champlain</td>
<td>95.0</td>
<td>91.1</td>
<td>30.0</td>
<td>121.1</td>
</tr>
<tr>
<td>North Simcoe Muskoka</td>
<td>88.8</td>
<td>85.2</td>
<td>26.8</td>
<td>112.0</td>
</tr>
<tr>
<td>North East</td>
<td>109.9</td>
<td>103.3</td>
<td>23.4</td>
<td>126.7</td>
</tr>
<tr>
<td><strong>North West</strong></td>
<td><strong>102.6</strong></td>
<td><strong>97.0</strong></td>
<td><strong>28.0</strong></td>
<td><strong>125.0</strong></td>
</tr>
</tbody>
</table>
The North West LHIN had the second highest LTC bed supply rate in the province.

Despite the higher supply rate, the waitlist rate for LTC beds was also among the highest in the province, and therefore LTC demand was the second highest in the province.

Furthermore, the median time to placement (TTP) overall and for acute care was the highest in the province (146 days vs 89 overall; 114 days vs 48 for acute). The median TTP for community was the second highest in the province.

The overall median TTP had improved in the past year (decreasing from 184 days in 2010/11 to 146 days in 2011/12).

**LTC SUPPLY, RESIDENTS, WAITLIST AND DEMAND (NUMBER AND RATE PER 1,000 POPULATION AGED 75+); MEDIAN TTP, DEC 31, 2011**

<table>
<thead>
<tr>
<th>NORTH WEST</th>
<th>Ontario</th>
<th>Comments (for LHIN)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LTC Bed Supply</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Long stay beds, including interim</td>
<td>1,740*</td>
<td>76,769</td>
</tr>
<tr>
<td>Short stay respite &amp; convalescent care beds</td>
<td>22</td>
<td>868</td>
</tr>
<tr>
<td>Total beds in operation</td>
<td>1,762</td>
<td>102.6</td>
</tr>
<tr>
<td><strong>LTC residents</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LTC residents</td>
<td>1,666</td>
<td>97.0</td>
</tr>
<tr>
<td><strong>LTC beds waitlist</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LTC beds waitlist</td>
<td>480</td>
<td>28.0</td>
</tr>
<tr>
<td><strong>LTC demand (residents + waitlist)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LTC demand (residents + waitlist)</td>
<td>2,146</td>
<td>125.0</td>
</tr>
<tr>
<td><strong>Median time to LTC Placement (in days)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall</td>
<td>146</td>
<td>-</td>
</tr>
<tr>
<td>From Acute Care only</td>
<td>114</td>
<td>-</td>
</tr>
<tr>
<td>From Community</td>
<td>184</td>
<td>-</td>
</tr>
</tbody>
</table>

1 Rate per 1,000 population aged 75+. 2 In Ontario; in comparison to other LHIN areas.
3 65 interim LTC beds in Thunder Bay were closed on Oct. 31, 2012.

### 15.0 Primary Care and Health Care Connect (HCC) Utilization

**Data Sources:**

Analysis is based on information from a number of databases: Client Agency Program Enrolment file, Registered Persons Database, Registered Persons Address Database, Postal Code Conversion to LHIN file, Health Care Connect ETL file.

**Notes for Interpretation:**

- Enrolled and Attached are two different concepts. Patients who are enrolled with physicians in Primary Care Models refer specifically to those who have signed enrolment/consent forms and are rostered within groups known as payment enrolment models (PEMs). Patients who are not rostered may however have a family physician or a regular place of care (i.e., have a regular medical doctor, belong to a Community Health Centre) outside of a PEM.
Attached patients are those who have a family physician or regular place of care (e.g. a regular medical doctor, belong to a Community Health Centre) plus those enrolled (or rostered with physicians in Payment Enrollment Models). There will usually be more attached than enrolled patients in a community.

The terms ‘rostered’ and ‘enrolled’ are used interchangeably.

## PRIMARY CARE GROUPS AND PATIENT ENROLMENT AS OF JULY 2012

<table>
<thead>
<tr>
<th>LHIN</th>
<th>Total # Primary Care Groups</th>
<th>Total # Physicians in Groups</th>
<th># Patients enrolled to Groups in LHIN</th>
<th># Patients enrolled residing in LHIN</th>
<th>% LHIN eligible residents enrolled</th>
</tr>
</thead>
<tbody>
<tr>
<td>Erie St. Clair</td>
<td>28</td>
<td>309</td>
<td>464,263</td>
<td>456,505</td>
<td>70.9%</td>
</tr>
<tr>
<td>South West</td>
<td>66</td>
<td>559</td>
<td>757,256</td>
<td>735,922</td>
<td>78.3%</td>
</tr>
<tr>
<td>Waterloo</td>
<td>36</td>
<td>373</td>
<td>543,578</td>
<td>567,902</td>
<td>76.4%</td>
</tr>
<tr>
<td>HNHB</td>
<td>96</td>
<td>827</td>
<td>1,139,330</td>
<td>1,086,601</td>
<td>78.5%</td>
</tr>
<tr>
<td>Central West</td>
<td>41</td>
<td>459</td>
<td>636,223</td>
<td>636,171</td>
<td>71.3%</td>
</tr>
<tr>
<td>Mississauga</td>
<td>46</td>
<td>589</td>
<td>836,069</td>
<td>834,198</td>
<td>70.5%</td>
</tr>
<tr>
<td>Toronto</td>
<td>69</td>
<td>990</td>
<td>912,539</td>
<td>734,790</td>
<td>71.4%</td>
</tr>
<tr>
<td>Central</td>
<td>76</td>
<td>939</td>
<td>1,170,965</td>
<td>1,268,523</td>
<td>70.0%</td>
</tr>
<tr>
<td>Central East</td>
<td>55</td>
<td>900</td>
<td>1,230,124</td>
<td>1,156,509</td>
<td>73.7%</td>
</tr>
<tr>
<td>South East</td>
<td>35</td>
<td>359</td>
<td>412,637</td>
<td>384,611</td>
<td>79.2%</td>
</tr>
<tr>
<td>Champlain</td>
<td>92</td>
<td>870</td>
<td>870,586</td>
<td>863,084</td>
<td>67.7%</td>
</tr>
<tr>
<td>N Simcoe</td>
<td>16</td>
<td>245</td>
<td>319,434</td>
<td>345,549</td>
<td>78.0%</td>
</tr>
<tr>
<td>North East</td>
<td>60</td>
<td>360</td>
<td>398,570</td>
<td>405,535</td>
<td>70.4%</td>
</tr>
<tr>
<td>North West</td>
<td>22</td>
<td>152</td>
<td>155,342</td>
<td>149,849</td>
<td>71.6%</td>
</tr>
<tr>
<td>Ontario</td>
<td>738</td>
<td>7,931</td>
<td>9,848,916</td>
<td>9,848,916</td>
<td>71.0%</td>
</tr>
</tbody>
</table>

### HEALTH CARE CONNECT, REGISTERED AND REFERRED PERSONS (COMPLEX VULNERABLE AND ALL), 2011/12

<table>
<thead>
<tr>
<th>LHIN</th>
<th># of registrations</th>
<th># of referrals</th>
<th>% referred</th>
<th># of registrations</th>
<th># of referrals</th>
<th>% referred</th>
<th># of registrations</th>
<th># of referrals</th>
<th>% referred</th>
<th>% Registered with HCC who are Complex Vulnerable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Erie St. Clair</td>
<td>582</td>
<td>551</td>
<td>94.7%</td>
<td>4,768</td>
<td>4,266</td>
<td>89.5%</td>
<td>12.2%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>South West</td>
<td>825</td>
<td>571</td>
<td>69.2%</td>
<td>8,910</td>
<td>6,602</td>
<td>74.1%</td>
<td>9.3%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Waterloo</td>
<td>348</td>
<td>163</td>
<td>46.8%</td>
<td>4,268</td>
<td>2,550</td>
<td>59.7%</td>
<td>8.2%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HNHB</td>
<td>485</td>
<td>474</td>
<td>97.7%</td>
<td>3,244</td>
<td>3,111</td>
<td>95.9%</td>
<td>15.0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Central</td>
<td>211</td>
<td>204</td>
<td>96.7%</td>
<td>2,915</td>
<td>2,724</td>
<td>93.4%</td>
<td>7.2%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mississauga</td>
<td>127</td>
<td>123</td>
<td>96.9%</td>
<td>1,979</td>
<td>1,602</td>
<td>80.9%</td>
<td>6.4%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toronto</td>
<td>288</td>
<td>199</td>
<td>69.1%</td>
<td>4,719</td>
<td>1,612</td>
<td>34.2%</td>
<td>6.1%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Central</td>
<td>543</td>
<td>526</td>
<td>96.9%</td>
<td>4,304</td>
<td>3,233</td>
<td>75.1%</td>
<td>12.6%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Central East</td>
<td>836</td>
<td>573</td>
<td>68.5%</td>
<td>9,473</td>
<td>7,193</td>
<td>75.9%</td>
<td>8.8%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>South East</td>
<td>585</td>
<td>539</td>
<td>92.1%</td>
<td>6,077</td>
<td>5,479</td>
<td>90.2%</td>
<td>9.6%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Champlain</td>
<td>937</td>
<td>629</td>
<td>67.1%</td>
<td>11,349</td>
<td>6,070</td>
<td>53.5%</td>
<td>8.3%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
North West LHIN Local Environmental Scan

### Complex Vulnerable and All HCC Registrations

<table>
<thead>
<tr>
<th>LHIN</th>
<th># of registrations</th>
<th>% referred</th>
<th># of registrations</th>
<th>% referred</th>
<th># of referrals</th>
<th>% referred</th>
<th># of referrals</th>
<th>% referred</th>
</tr>
</thead>
<tbody>
<tr>
<td>N Simcoe Muskoka</td>
<td>814</td>
<td>79.6%</td>
<td>8,316</td>
<td>72.9%</td>
<td>648</td>
<td>72.9%</td>
<td>6,062</td>
<td>72.9%</td>
</tr>
<tr>
<td>North East</td>
<td>1,751</td>
<td>46.4%</td>
<td>15,685</td>
<td>57.6%</td>
<td>813</td>
<td>57.6%</td>
<td>9,025</td>
<td>57.6%</td>
</tr>
<tr>
<td>North West</td>
<td>375</td>
<td>18.7%</td>
<td>2,770</td>
<td>26.4%</td>
<td>70</td>
<td>26.4%</td>
<td>735</td>
<td>26.4%</td>
</tr>
<tr>
<td>Ontario</td>
<td>8,750</td>
<td>69.8%</td>
<td>89,287</td>
<td>67.9%</td>
<td>6,111</td>
<td>67.9%</td>
<td>60,586</td>
<td>67.9%</td>
</tr>
</tbody>
</table>

### Percent of Complex Vulnerable Persons Who Have Been Referred to a Family Health Care Provider, by Age/sex Over 3 Years (2009-2012)

<table>
<thead>
<tr>
<th>LHIN</th>
<th>Total</th>
<th>Female</th>
<th>Male</th>
<th>Age Group</th>
<th>0-19</th>
<th>20-44</th>
<th>45-64</th>
<th>65-74</th>
<th>75+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Erie St. Clair</td>
<td>95.4%</td>
<td>96.1%</td>
<td>94.6%</td>
<td>100.0%</td>
<td>95.7%</td>
<td>94.7%</td>
<td>98.5%</td>
<td>93.7%</td>
<td></td>
</tr>
<tr>
<td>South West</td>
<td>80.5%</td>
<td>82.4%</td>
<td>78.4%</td>
<td>85.0%</td>
<td>73.6%</td>
<td>81.1%</td>
<td>84.0%</td>
<td>90.9%</td>
<td></td>
</tr>
<tr>
<td>Waterloo Wellington</td>
<td>70.8%</td>
<td>73.0%</td>
<td>67.8%</td>
<td>81.8%</td>
<td>61.6%</td>
<td>66.2%</td>
<td>87.5%</td>
<td>93.5%</td>
<td></td>
</tr>
<tr>
<td>HNHB</td>
<td>98.2%</td>
<td>98.0%</td>
<td>98.5%</td>
<td>95.8%</td>
<td>98.0%</td>
<td>98.3%</td>
<td>97.8%</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td>Central West</td>
<td>97.2%</td>
<td>97.8%</td>
<td>96.4%</td>
<td>93.8%</td>
<td>96.1%</td>
<td>97.2%</td>
<td>98.0%</td>
<td>98.7%</td>
<td></td>
</tr>
<tr>
<td>Mississauga Halton</td>
<td>97.0%</td>
<td>96.4%</td>
<td>97.7%</td>
<td>100.0%</td>
<td>98.2%</td>
<td>94.7%</td>
<td>97.6%</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td>Toronto Central</td>
<td>79.4%</td>
<td>80.5%</td>
<td>77.9%</td>
<td>91.7%</td>
<td>70.3%</td>
<td>79.5%</td>
<td>77.8%</td>
<td>92.0%</td>
<td></td>
</tr>
<tr>
<td>Central</td>
<td>97.6%</td>
<td>97.7%</td>
<td>97.4%</td>
<td>95.0%</td>
<td>98.3%</td>
<td>96.2%</td>
<td>98.4%</td>
<td>98.3%</td>
<td></td>
</tr>
<tr>
<td>Central East</td>
<td>74.4%</td>
<td>77.9%</td>
<td>70.0%</td>
<td>92.0%</td>
<td>60.2%</td>
<td>72.3%</td>
<td>83.7%</td>
<td>89.6%</td>
<td></td>
</tr>
<tr>
<td>South East</td>
<td>93.9%</td>
<td>94.3%</td>
<td>93.4%</td>
<td>97.1%</td>
<td>93.8%</td>
<td>93.5%</td>
<td>95.9%</td>
<td>91.1%</td>
<td></td>
</tr>
<tr>
<td>Champlain</td>
<td>78.6%</td>
<td>79.8%</td>
<td>77.0%</td>
<td>85.3%</td>
<td>75.8%</td>
<td>76.8%</td>
<td>83.5%</td>
<td>81.7%</td>
<td></td>
</tr>
<tr>
<td>North East</td>
<td>58.0%</td>
<td>57.2%</td>
<td>59.0%</td>
<td>70.9%</td>
<td>45.9%</td>
<td>55.9%</td>
<td>64.4%</td>
<td>74.8%</td>
<td></td>
</tr>
<tr>
<td>North West</td>
<td>30.0%</td>
<td>29.5%</td>
<td>30.5%</td>
<td>38.9%</td>
<td>16.8%</td>
<td>28.3%</td>
<td>34.0%</td>
<td>50.5%</td>
<td></td>
</tr>
<tr>
<td>Ontario</td>
<td>77.0%</td>
<td>77.7%</td>
<td>76.2%</td>
<td>86.4%</td>
<td>71.0%</td>
<td>74.8%</td>
<td>81.4%</td>
<td>87.2%</td>
<td></td>
</tr>
</tbody>
</table>

**NORTH WEST LHIN:**

- Approximately 149,800 North West LHIN residents (62% of eligible residents) are enrolled with a primary care enrollment model (PEM). This is a decrease of 2% over the last year.
- 152 physicians in the North West LHIN are part of a primary care group. There are 22 primary care groups in the LHIN.
- The Health Care Connect Program began in February 2009. Between February 2009 and April 2012, approximately 6,400 LHIN residents have registered with the program and 43% have been referred to a family health care provider.
- In the past year (2011/12), there were 2,800 registrants and 26% were referred.
- Approximately 13% of those registered with HCC are categorized as complex vulnerable.
• In 2011/12, 375 complex vulnerable people registered with HCC (14% of registrants). 19% of them (70) were referred to a family health care provider.

16.0 Health Care System and Patient Satisfaction

Data Source:
Analysis is based on information from the Canadian Community Health Survey 2010.

NORTH WEST LHIN

Health Care System Satisfaction
• Just over half of residents in the North West LHIN believed that the availability of care in the province and in their community was excellent or good. These were the second lowest rates in the province.
• Close to 71% of LHIN residents rated the quality of health care services that were available in the province as excellent or good.

Patient Satisfaction with Health Care Services
• Among those who had received some kind of health care services in the past year, 86% rated the quality of that care as excellent or good.
• The highest levels of satisfaction were reported by those who had received care from a physician, with 90% being very or somewhat satisfied with the care provided.
• Among those who reported having received hospital care, 84.5% rated the quality of that care as excellent or good.

SATISFACTION WITH THE HEALTH CARE SYSTEM AND WITH SELECTED HEALTH SERVICES, 2010

<table>
<thead>
<tr>
<th>Health Care System Satisfaction</th>
<th>NORTH WEST LHIN</th>
<th>Ontario</th>
</tr>
</thead>
<tbody>
<tr>
<td>Availability of care in the province – Excellent/Good</td>
<td>59.9%</td>
<td>67.2%</td>
</tr>
<tr>
<td>Quality of care in the province – Excellent/Good</td>
<td>70.8%</td>
<td>75.4%</td>
</tr>
<tr>
<td>Availability of care in the community – Excellent/Good</td>
<td>52.8%</td>
<td>66.4%</td>
</tr>
<tr>
<td>Quality of care in the community – Excellent/Good</td>
<td>70.6%</td>
<td>75.4%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient Satisfaction with Health Care Services</th>
<th>NORTH WEST LHIN</th>
<th>Ontario</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of care received - Excellent/Good</td>
<td>86.0%</td>
<td>88.4%</td>
</tr>
<tr>
<td>Patient satisfaction with care provided - Very/Somewhat satisfied</td>
<td>85.8%</td>
<td>88.1%</td>
</tr>
<tr>
<td>Quality of hospital care received - Excellent/Good</td>
<td>84.5%</td>
<td>83.9%</td>
</tr>
<tr>
<td>Patient satisfaction with hospital care provided - Very/Somewhat satisfied</td>
<td>86.0%</td>
<td>83.3%</td>
</tr>
<tr>
<td>Quality of physician care received - Excellent/Good</td>
<td>87.4%</td>
<td>91.2%</td>
</tr>
<tr>
<td>Patient satisfaction with physician care provided - Very/Somewhat satisfied</td>
<td>90.0%</td>
<td>91.2%</td>
</tr>
</tbody>
</table>

↓ Significantly lower than Ontario. ↑ Significantly higher than Ontario
17.0 Selected Human Resources

Data Sources:
Analysis is based on information from: Ontario Physician Human Resources Data Centre (OPHRDC),
College of Nurses of Ontario (CNO), Health Professions Database (HPDB), and Ontario population

Two Notes for Interpretation:
- The per capita rates are not age-adjusted. Changes in rates over time do not include the impact
  of the aging population on utilization.
- The data do not incorporate a full-time factor for professions. The data are counts of individuals
  only. In academic centres, for example, more individuals may be on part-time clinical/patient care
  because they provide administrative, research and teaching services as well.

A Word of Caution:
Rates per capita figures must be interpreted with caution as LHIN residents may receive care from
providers in another LHIN. This is usually most pronounced for specialist services.

NORTH WEST LHIN:

Physicians
- From 2006 to 2010, the total number of physicians in North West LHIN increased by 7.8%
  reaching 442 from 410. Over the same period, there was a slight drop in North West population (-
  1.8%).
- The total number of physician to population rate increased from 168.6 physicians per 100,000
  population to 185.1 from 2006 to 2010.
- The number of family physicians to population rate in North West was higher than the province in
  2010, but had much less specialists per 100,000 population.

Nurses
- From 2006 to 2010, the total number of nurses in North West increased by 7.3% reaching 3,589
  from 3,345 while the nurse to population rate increased from 1,375.6 nurses per 100,000
  population to 1,503.1.
- Compared to the province, North West had much higher RNs, RPNs, and NPs rates per 100,000
  population in 2010.

Regulated Health Professionals
- In 2009, North West had more midwives and occupational therapists per 100,000 population than
  the province, fewer opticians per 100,000 population but similar rates in pharmacists.
### PHYSICIANS, NURSES AND REGULATED HEALTH PROFESSIONALS, 2009 AND 2010: NORTH WEST LHIN

<table>
<thead>
<tr>
<th>Number of Professionals, 2010</th>
<th>NORTHERN</th>
<th>% change 2006 - 2010</th>
<th>Rate per 100,000 population, 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NORTH WEST</td>
<td></td>
<td>Ontario</td>
</tr>
<tr>
<td>Family physicians Specialists</td>
<td>265</td>
<td>4.3%</td>
<td>111.0</td>
</tr>
<tr>
<td>Total physicians</td>
<td>177</td>
<td>13.5%</td>
<td>74.1</td>
</tr>
<tr>
<td></td>
<td>442</td>
<td>7.8%</td>
<td>185.1</td>
</tr>
<tr>
<td>Registered Nurses (RNs in general class)</td>
<td>2,449</td>
<td>6.1%</td>
<td>1025.7</td>
</tr>
<tr>
<td>Registered Practical Nurses (RPNs)</td>
<td>1,069</td>
<td>7.9%</td>
<td>441.1</td>
</tr>
<tr>
<td>Nurse Practitioners (NPs = RNs in extended class)</td>
<td>71</td>
<td>57.8%</td>
<td>29.7</td>
</tr>
<tr>
<td>Total Nurses</td>
<td>3,589</td>
<td>7.3%</td>
<td>1503.1</td>
</tr>
</tbody>
</table>

**Selected professions:**

<table>
<thead>
<tr>
<th># Professionals, 2009</th>
<th>Rate per 100,000 population, 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Midwife</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>5.4</td>
</tr>
<tr>
<td>Occupational Therapist</td>
<td>85</td>
</tr>
<tr>
<td></td>
<td>12.1</td>
</tr>
<tr>
<td>Optician</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>8.4</td>
</tr>
<tr>
<td>Optometrist</td>
<td>28</td>
</tr>
<tr>
<td></td>
<td>11.7</td>
</tr>
<tr>
<td>Pharmacist</td>
<td>188</td>
</tr>
<tr>
<td></td>
<td>78.6</td>
</tr>
</tbody>
</table>

Notes: Audiologist and speech-language pathologist data were not available by LHIN in 2009. Psychologist and dentist data in 2009 were not reported due to issues with LHIN assignment, with more than 50% of data reported in the unknown LHIN category.