

North West **LHIN**  
**RLISS** du Nord-Ouest



## 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<sup>1</sup> 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/>.

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<sup>2</sup> and Complex Continuing Care<sup>3</sup> 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<sup>4</sup> 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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<sup>1</sup> HAB, MOHLTC. Integrated Health Services Plan 2013-2016 Common Environmental Scan: A Review of Selected Information about Ontario's Local Health Integration Networks. Sept. 2012.

<sup>2</sup> Preyra Solutions Group. Palliative Care in the North West LHIN. June 2012.

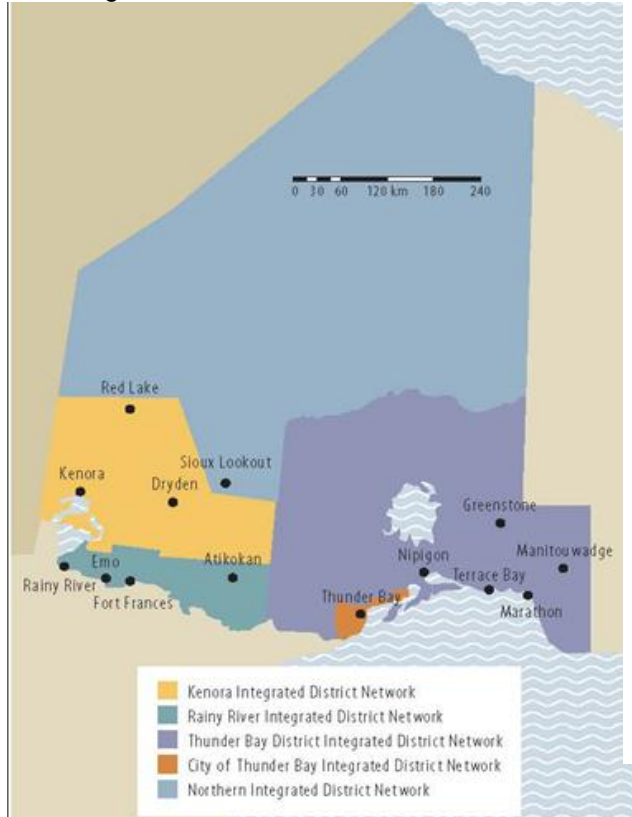
<sup>3</sup> Preyra Solutions Group. Complex Continuing Care in the North West LHIN. June 2012.

<sup>4</sup> PwC. North West LHIN Health Services Blueprint Report: Building our Future. Feb. 2012.

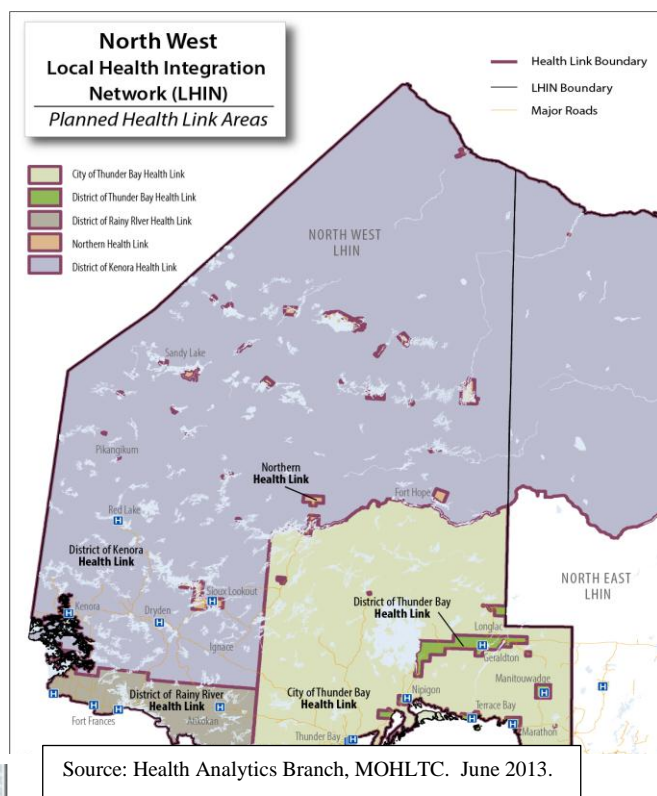
Osnaburgh 63A and Ojibway Nation of Saugeen (Savant Lake) will move to the Northern IDN. Lac des Milles Lacs 22A1, Seine River 22A2, Gull River 55 and Thunder Bay, Unorganized will move to the City of Thunder Bay IDN. The Integrated District Networks will correspond to the new Health Links being developed. 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.

V1.0 Original IDN areas



V1.1 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

	Integrated District Networks (IDNs)					
IDN, V1.0	City of Thunder Bay IDN	Thunder Bay District IDN	Rainy River IDN	Kenora IDN	Northern IDN	North West LHIN
<b>Total Population</b>	121,600	24,460	20,370	43,130	21,560 <sup>1</sup>	231,120 <sup>1</sup>
<b>% Age 65</b>	17.2%	14.3%	17.3%	15.5%	6.6%	16.0%
<b>% Age 75+</b>	8.5%	5.5%	8.6%	6.9%	2.6%	7.3%
<b>% Aboriginal Identity (2006)<sup>2</sup></b>	8.3%	19.9%	21.7%	21.8%	77.8%	19.2%
<b>% Francophone</b>	2.7%	10.5%	1.5%	2.9%	0.9%	3.4%
<sup>1</sup> 2011 Census population adjusted with Indian Registry Population counts (July 2012) for 13 FN communities; <sup>2</sup> Questions related to Aboriginal identity were not asked in 2011 Census. Estimates from the new National Population Survey will be available in summer 2013.						
IDN, V1.1 - April 2013	City of Thunder Bay IDN	Thunder Bay District IDN	Rainy River IDN	Kenora IDN	Northern IDN	North West LHIN
<b>Total Population</b>	127,715	18,090	20,370	43,130	21,815 <sup>1</sup>	231,120 <sup>1</sup>
<b>% Age 65</b>	17.1%	14.0%	17.3%	15.5%	6.5%	16.0%
<b>% Age 75+</b>	8.0%	5.7%	8.6%	6.9%	2.6%	7.3%
<b>% Aboriginal Identity (2006)<sup>2</sup></b>	8.3%	23.0%	21.7%	21.8%	78.1%	19.2%
<b>% Francophone</b>	2.8%	13.0%	1.5%	2.9%	0.9%	3.4%
<sup>1</sup> 2011 Census population adjusted with Indian Registry Population counts (July 2012) for 13 FN communities; <sup>2</sup> Questions related to Aboriginal identity were not asked in 2011 Census. Estimates from the new National Population Survey will be available in summer 2013.						
Source: Statistics Canada. 2011 and 2006 Census.						

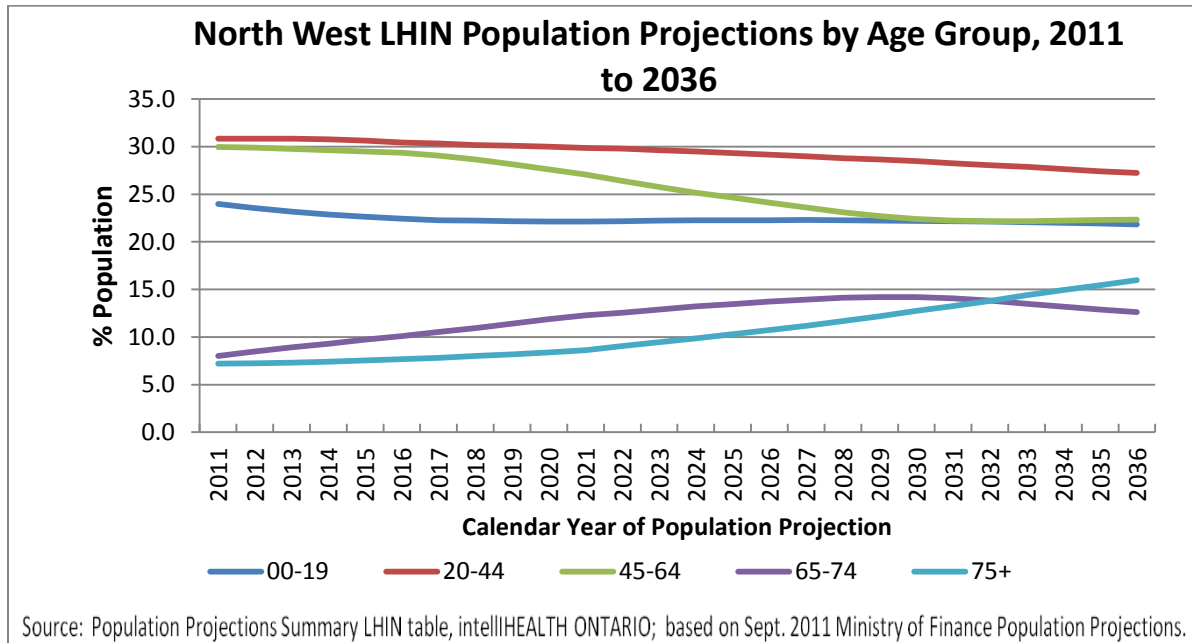
Of note:

- 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 Francophones<sup>5</sup> (13.0%) in the North West LHIN.

<sup>5</sup> 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.

#### North West LHIN Population Projections by Age Group, 2011 to 2036



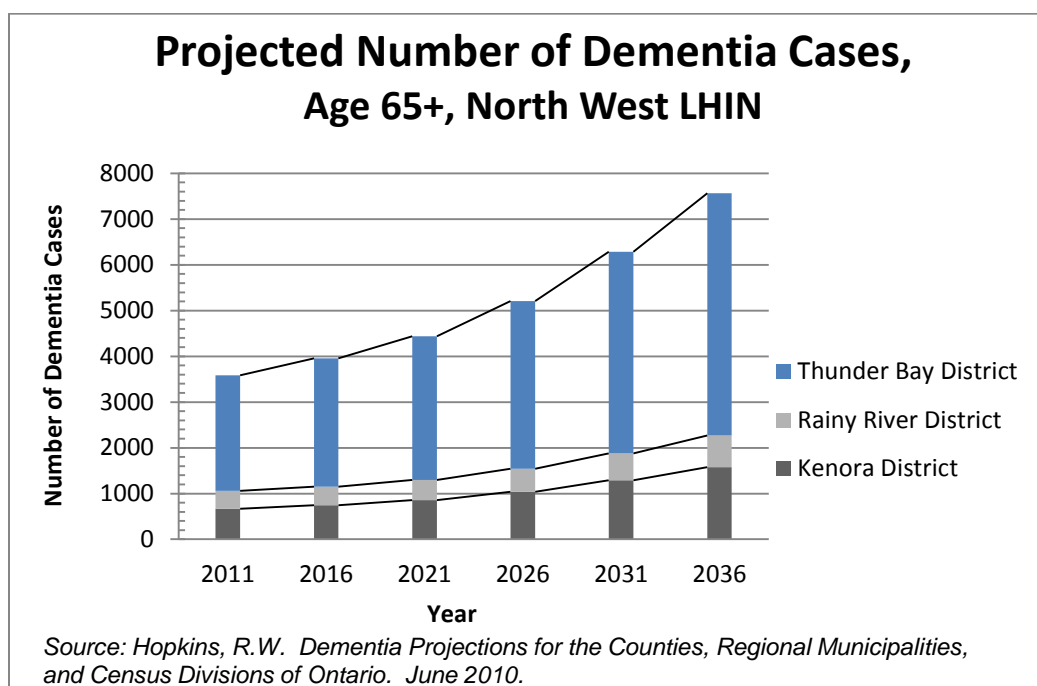
#### Key Findings:

- 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



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<sup>6</sup>

### Aboriginal Population

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

<sup>6</sup> 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<sup>7</sup>.

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<sup>8</sup> 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)

Indicator	NORTH WEST	Ontario
Total births in North West LHIN hospitals	2,526	138,775
Total births by North West LHIN residents	2,524	138,720
Number of women who gave birth in North West LHIN hospitals	2,490	136,221

<sup>7</sup>Ministry of Health and Long-Term Care, Health Analytics Branch. First Nations People in Ontario: A Demographic Portrait, January 2009.

<sup>8</sup> 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.

Indicator	NORTH WEST	Ontario
Number of North West LHIN women who gave birth	2,489	136,169
% of women who smoked during their pregnancy	36%	12%
% of mothers breastfeeding right after birth, 2009	82%	88%
Distribution of maternal age (%)		
<20	12.8	3.6
20-24	22.4	13.4
25-29	30.2	28.2
30-34	23.3	33.4
>=35	11.4	21.4
Rate of Caesarean delivery (%)	24.7	28.3
Rate of pre-term birth less than 37 weeks (%)	6.3	8.2
% births small for gestational age (%)	5.9	9.0
% births large for gestational age (%)	17.0	10.4

#### 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.

#### LIFE EXPECTANCY, MORTALITY AND POTENTIAL YEARS OF LIFE LOST

	NORTH WEST	Ontario	Comment
Life expectancy at birth (yrs), 2007/09	78.6	81.5	Lowest in province
Life expectancy at age 65 (yrs), 2007/09	19.6	20.3	
<b>Mortality (2007)</b>			
Total deaths, 2007	1,923	86,945	
All-cause mortality rate per 100,000 population	798.8	679.6	
% of deaths that were premature (age <75)	40.8%	37.7%	3 <sup>rd</sup> highest in province
Top 10 leading causes of death, 2007 (rate per			

	NORTH WEST	Ontario	Comment
Ischaemic heart disease	142.9	110.9	
Cancer of lung & bronchus	60.2	48.7	
Dementia and Alzheimer disease	54.8	42.0	2 <sup>nd</sup> highest in province
Cerebrovascular diseases	53.2	41.5	3 <sup>rd</sup> highest in province
Chronic lower respiratory diseases	32.8	28.3	
Diabetes	29.9	23.5	
Cancer of colon, rectum, anus	29.9	24.5	3 <sup>rd</sup> highest in province
Cancer of lymph, blood & related	19.5	19.6	
Influenza and pneumonia	15.8	15.8	
Diseases of urinary system	14.1	16.1	
Age specific mortality rate, 2006-07 average			
00-19	45.0	40.4	3 <sup>rd</sup> highest in province
20-44	119.0	71.0	2 <sup>nd</sup> highest in province
45-64	535.2	419.2	2 <sup>nd</sup> highest in province
65-74	1,866.2	1,639.2	
75+	7,024.9	6,619.9	2 <sup>nd</sup> highest in province
<b>Potential Years of Life Lost (PYLL), 2007</b>			
PYLL rate, per 100,000 population 0-74	6,286.0	4,628.1	3 <sup>rd</sup> highest in province
Top 10 Leading causes of PYLL (rates per			
Ischaemic heart disease	627.5	456.6	3 <sup>rd</sup> highest in province
Intentional self-harm	579.4	269.7	Highest in province
Cancer of lung & bronchus	464.4	341.3	
Accidental poisoning	406.9	136.0	Highest in province
Transport accidents	282.5	231.9	
Cancer of colon, rectum, anus	254.9	152.9	Highest in province
Diabetes	254.9	114.3	Highest in province
Injury event of undetermined intent	222.8	49.8	Highest in province
Congenital malformations, deformations,	159.1	143.6	
Symptoms, signs, ill defined	141.3	85.3	

## 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.

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

#### NORTH WEST LHIN:

- 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

Condition	NORTH WEST	Ontario	Comment	Trend
<b>Prevalence (2009&amp;2010), rate per 100, aged 12+</b>				
Arthritis (aged 14+)	22.2↑	17.2	3 <sup>rd</sup> highest	Increasing
Asthma	7.3	8.4	2 <sup>nd</sup> lowest	
Cancer	1.1 ↑↓	1.9	Lowest	
COPD (aged 35+)	6.0	4.2	3 <sup>rd</sup> highest	
Diabetes	7.3	6.9		Increasing
High blood pressure	20.8↑	17.4	2 <sup>nd</sup> highest	Increasing
Heart disease	6.3	4.9	2 <sup>nd</sup> highest	
Suffer from effects of stroke	1.1 ↑	1.1		
Have a chronic condition	41.5	37.0		
Have multiple chronic conditions <sup>1</sup>	18.2↑	15.2	3 <sup>rd</sup> highest	
Diabetes prevalence, aged 18+ (BDDI)	11.8	9.7	2 <sup>nd</sup> highest	
↑ 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**

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

- 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)<sup>9</sup>.
- 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)<sup>10</sup>.

**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

<sup>9</sup>ICES. Regional Measures of Diabetes Burden in Ontario: North East and North West LHINs. April 2012.

<sup>10</sup>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'.
- Utilization rates by LHIN, age and sex were then applied to similarly-grouped 2015 population projections (2006 Census-based Ministry of Finance Population Projections (2011-2036) for Local Health Integration Networks. IntelliHealth Ontario. Extracted July 2012).
- 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**

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

## 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<sup>11</sup>.

- 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

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

<sup>11</sup> DAD data, fiscal year 2011/12, CIHI Portal. May 2, 2013.

Indicator	NORTH WEST LHIN	Ontario †	% change LHIN, 2006/07 to 2010/11
ALC days	39,508	5.5	102.5
Average ALC LOS	18.4	19.2	

†LHIN of patient results for Ontario excludes out-of-province residents. ‡includes acute and ambulatory facilities.

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

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

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**

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

*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**

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

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**

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

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

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>

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.

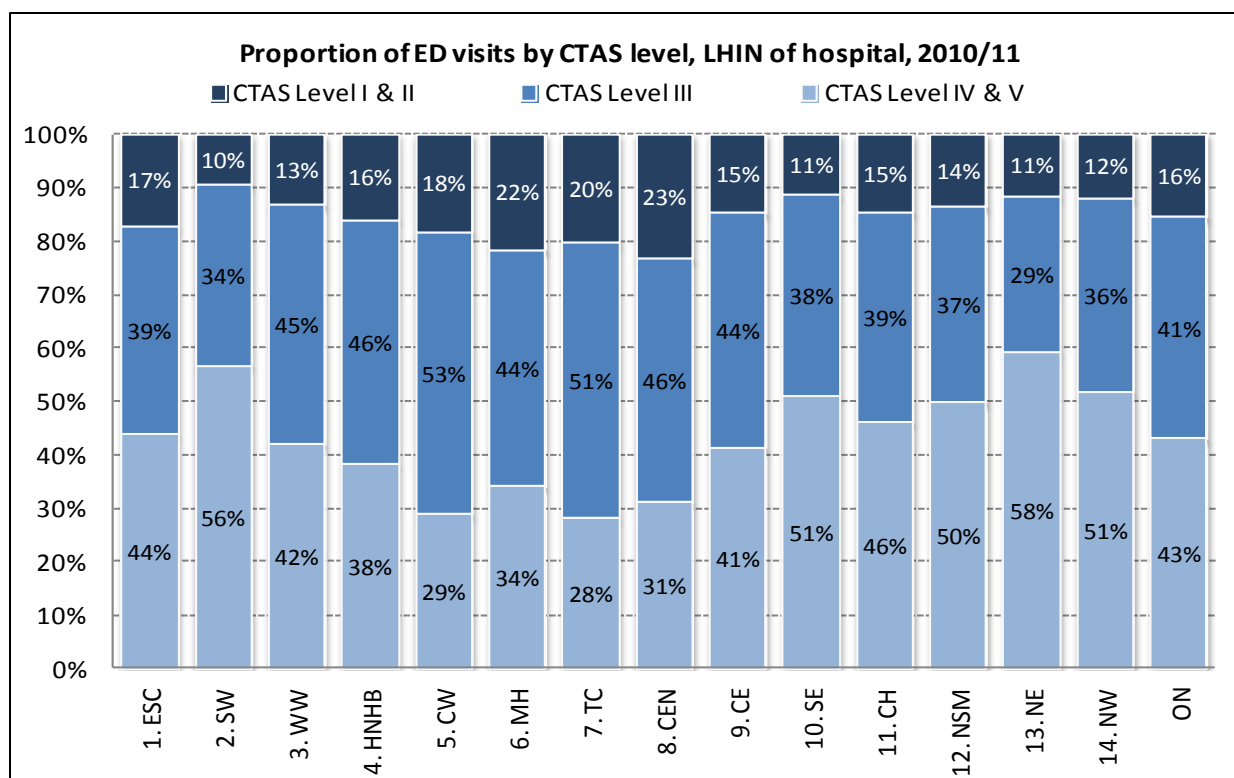
IV Less Urgent (Semi urgent): Conditions that are related to patient age, distress, or potential for deterioration or complications would benefit from intervention or reassurance within 1-2 hours.

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:

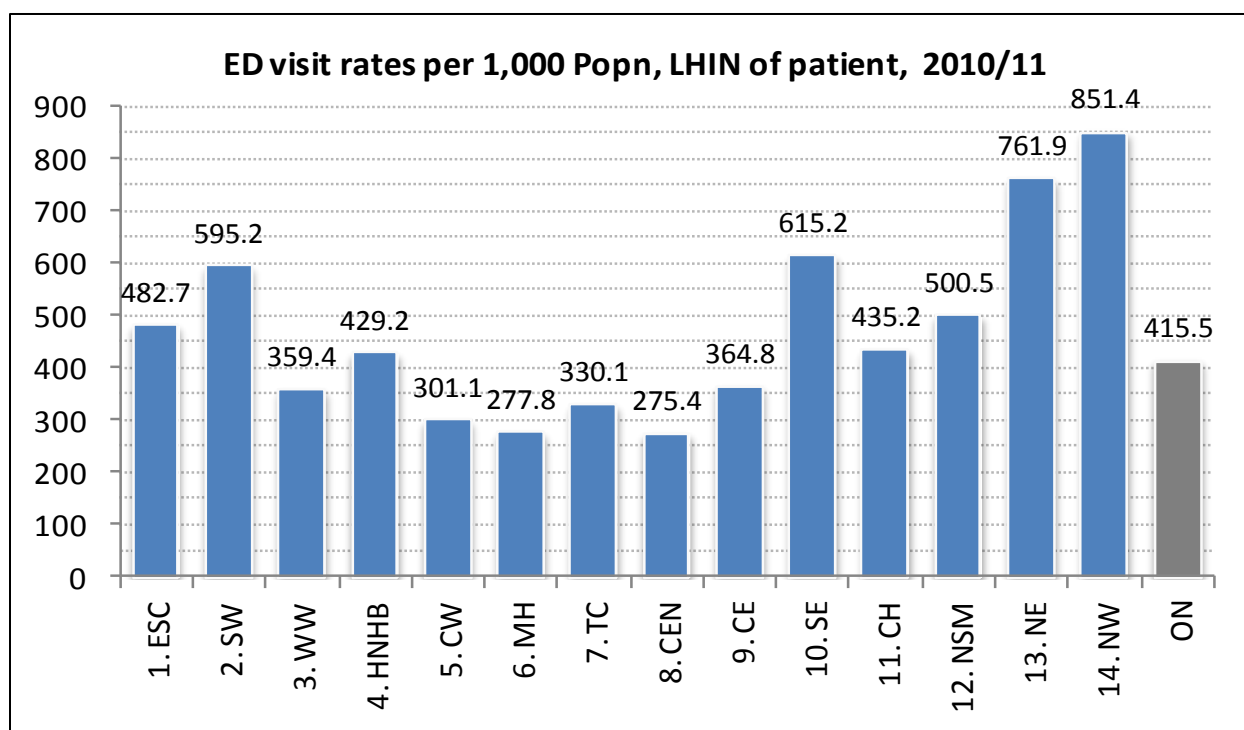
- In fiscal year 2010/11, there were 209,195 ED visits to North West LHIN hospitals and nearly 4% of these visits were by residents of other LHINs. Between FY 2006/07 and FY 2010/11, there was 3.8% growth in ED visits for North West LHIN hospitals compared to 6.4% growth for Ontario.

- 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<sup>12</sup>. The 90<sup>th</sup> 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.

<sup>12</sup>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**

Major Ambulatory Cluster (MAC)	NORTH WEST LHIN		Ontario		Comment
	#	%	#	%	
(21) Trauma, coma and toxic effects	34,852	16.7	1,112,707	19.9	
(09) Diseases and disorders of the skin and subcutaneous tissue and breast	25,577	12.2	522,954	9.4	Largest % in province
(03) Diseases and disorders of the ear, nose, mouth and throat	23,186	11.1	543,647	9.7	
(20) Examination and other health factors	21,821	10.4	345,451	6.2	
(06) Diseases and disorders of the digestive system	18,822	9.0	609,138	10.9	Smallest % in province
(08) Diseases and disorders of the musculoskeletal system and connective tissue	15,058	7.2	355,078	6.4	
(04) Diseases and disorders of the respiratory system	12,706	6.1	352,806	6.3	
(11) Diseases and disorders of kidney and genitourinary tract	11,939	5.7	340,074	6.1	Smallest % in province



	NORTH WEST LHIN		Ontario		
Major Ambulatory Cluster (MAC)	#	%	#	%	Comment
(05) Diseases and disorders of the circulatory system	11,792	5.6	398,792	7.1	Smallest % in province
(19) Mental diseases and disorders	9,485	4.5	223,018	4.0	Not in top 10 for province
All other MACs	23,958	11.5	779,209	14.0	
Total	209,196	100.0	5,582,874	100.0	

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

Indicator	NORTH WEST LHIN	Ontario †	% change LHIN, FY 2006/07-FY 2010/11
<b>LHIN of hospital</b>			
Visits ‡	209,195	5,582,867	3.8
# visits by CTAS level			
I & II (resuscitation/emergent)	24,814	870,879	13.1
III (urgent)	75,292	2,301,596	19.4
IV & V (less urgent/non urgent)	106,721	2,387,466	-8.2
% visits by CTAS level ‡			
I & II (resuscitation/emergent)	11.9	15.6	
III (urgent)	36.0	41.2	
IV & V (less urgent/non urgent)	51.0	42.8	
90th percentile EDLOS (hours)	6.6	8.2	
% Inflow visits	3.9		
<b>LHIN of patient</b>			
Visits ‡	203,276	5,488,869	3.9
ED visit rate/1,000 population	851.4	415.5	5.9
Age-specific ED visit rates/1,000 population 0-19 years	807.8	413.5	
20-44	891.8	383.6	
45-64	736.1	363.7	
65-74	908.8	470.4	
75+ years	1,241.8	751.6	
# visits by CTAS level			
I & II (resuscitation/emergent)	24,380	859,100	12.7
III (urgent)	73,565	2,267,331	19.1
IV & V (less urgent/non urgent)	103,024	2,339,959	-8.0
% visits by CTAS level			
I & II (resuscitation/emergent)	12.0	15.7	
III (urgent)	36.2	41.3	
IV & V (less urgent/non urgent)	50.7	42.6	
% Outflow visits	1.1		
ED visits best treated in alternative primary care settings /1,000 population age 1-74,	57.2	23.3	
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.

#### DAY SURGERY AND AMBULATORY CARDIAC CATHETERIZATION VISITS, NORTH WEST LHIN AND ONTARIO, FY 2010/11

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

## 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<sup>13</sup>.
- 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<sup>14</sup>.

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

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

## 11.0 Mental Health Services Utilization

### Data Sources:

<sup>13</sup> Preyra Solutions Group. Inpatient Rehabilitation in the North West LHIN. June 2012.

<sup>14</sup> 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

LHIN of patient	Mental Health/Substance Abuse Visits				Visit Rate per 1,000	
	Main Problem % of Total ED Visits		Any Problem % of Total ED Visits		Main Problem	Any Problem
Erie St. Clair	10,339	3.3	12,938	4.2	16.1	20.1
South West	15,017	2.6	18,994	3.4	15.8	19.9
Waterloo Wellington	9,488	3.5	12,573	4.7	12.7	16.8
HNHB	19,939	3.3	24,663	4.1	14.2	17.6
Central West	7,478	3.0	8,953	3.6	9.1	10.9
Mississauga Halton	9,677	3.0	11,988	3.7	8.3	10.3
Toronto Central	21,568	5.7	25,948	6.9	18.8	22.7
Central	15,061	3.1	18,849	3.9	8.6	10.7
Central East	19,535	3.4	24,849	4.3	12.4	15.7
South East	8,023	2.7	10,661	3.5	16.4	21.8
Champlain	19,615	3.6	23,534	4.3	15.8	18.9
North Simcoe Muskoka	6,118	2.7	8,128	3.6	13.4	17.8
North East	14,847	3.4	19,646	4.6	26.2	34.7
<b>North West</b>	<b>8,272</b>	<b>4.1</b>	<b>10,942</b>	<b>5.4</b>	<b>34.6</b>	<b>45.8</b>
Unknown LHIN	6,598	25.8	7,312	28.6		
Out-of Province	2,136	2.3	2,648	2.8		
Ontario Residents	191,575	3.5	239,978	4.4	14.5	18.2

### 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

LHIN of patient	Visit rate by age group, per 1,000					
	0-19	20-44	45-64	65-74	75+	Total all ages
Erie St. Clair	10.9	23.4	14.8	9.7	12.9	16.1
South West	10.8	21.9	15.1	10.6	13.2	15.8
Waterloo Wellington	8.6	17.4	11.5	8.6	11.1	12.7
HNHB	9.1	20.3	14.0	8.5	10.5	14.2
Central West	5.6	12.2	9.2	4.9	8.2	9.1
Mississauga Halton	5.3	11.2	7.9	5.9	8.8	8.3
Toronto Central	6.9	23.5	24.6	12.3	12.5	18.8
Central	5.5	11.0	8.3	6.3	9.6	8.6
Central East	8.6	16.3	12.2	7.6	11.1	12.4
South East	13.6	24.7	13.4	9.8	12.6	16.4
Champlain	11.1	21.2	15.0	9.6	13.2	15.8

	Visit rate by age group, per 1,000					
LHIN of patient	0-19	20-44	45-64	65-74	75+	Total all ages
North Simcoe Muskoka	9.4	18.9	12.8	7.7	12.2	13.4
North East	16.3	42.3	23.9	14.0	16.6	26.2
<b>North West</b>	<b>21.5</b>	<b>61.5</b>	<b>25.7</b>	<b>18.0</b>	<b>18.3</b>	<b>34.6</b>
<b>Ontario Residents</b>	<b>8.9</b>	<b>19.9</b>	<b>14.5</b>	<b>9.1</b>	<b>11.9</b>	<b>14.5</b>

**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.

**UNSCHEDULED EMERGENCY DEPARTMENT UTILIZATION FOR MENTAL HEALTH AND SUBSTANCE ABUSE CONDITIONS, NORTH WEST LHIN AND ONTARIO RESIDENTS, FY 2010/11**

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

**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 †

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

for all other SA services were less than or equal to those for the province.

- 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**

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

## 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**

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

The average frailty<sup>15</sup> 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<sup>16</sup>.

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

<sup>15</sup> 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.

<sup>16</sup> Preyra Solutions Group. Complex Continuing Care in the North West LHIN. June 2012.

**Case Mix Index for Chronic Care Facilities in North West LHIN**

Chronic Care Facility	2009/10	2010/11
ATIKOKAN General	0.77866	0.920838
DRYDEN Regional Health Centre	0.9514	0.9623
FORT FRANCES Riverside Health Care	1.032603	1.056528
GERALDTON District Hospital	0.490242	0.587962
KENORA Lake-of-the-Woods District	0.777986	0.827226
MARATHON Wilson Memorial	0.71466	0.743025
NIPIGON District Memorial	0.718925	0.702201
RED LAKE Marg Cochenour Memorial	0.653779	0.678142
SIOUX LOOKOUT Meno-Ya-Win	0.597771	0.6755
TERRACE BAY McCausland	0.87003	0.946859
THUNDER BAY St Joseph's Care Group	1.044293	1.006312
<i>Data Source: Planning Decision Support Tool (PDST), Health Data Branch, MOHLTC website; extracted July 4, 2012.</i>		

- Facilities in Geraldton, Red Lake and Sioux Lookout have CMIs <0.7;
- St. Joseph's Care Group has the highest CMI at 1.0063.

## 13.0 Home Care Utilization

**Data Source:**

Analysis is based on the Home Care Database.

**CRUDE RATE OF ACTIVE HOME CARE CLIENTS PER 1,000 POPULATION BY LHIN, FY 2010/11**

Crude Rate of Active Clients		Age groups					
LHIN	per 1,000 Population	<=18	19-44	45-64	65-74	75-84	>=85
Erie St. Clair	61.3	31.8	15.3	46.7	123.6	287.8	503.7
South West	59.9	27.4	14.4	43.5	123.2	291.7	517.0
Waterloo Wellington	49.8	27.1	10.7	36.6	114.8	300.9	574.5
HNHB	57.6	31.9	12.2	40.7	110.2	267.8	474.5
Central West	37.7	31.8	10.1	28.1	94.0	259.5	483.2
Mississauga Halton	36.7	21.9	8.4	24.4	81.7	264.9	533.3
Toronto Central	80.0	50.6	16.3	61.2	168.2	409.9	788.4
Central	38.7	25.4	7.5	23.2	82.3	255.6	504.7
Central East	48.2	35.2	9.5	31.1	96.5	255.2	466.8
South East	62.0	44.9	11.6	39.1	104.9	259.7	516.7
Champlain	47.5	26.3	10.6	33.9	97.6	269.5	489.8
North Simcoe Muskoka	56.8	32.2	10.7	34.6	105.2	286.0	596.8
North East	66.6	46.9	15.5	41.5	116.2	297.8	547.2
<b>North West</b>	<b>60.0</b>	<b>40.2</b>	<b>10.4</b>	<b>38.1</b>	<b>120.0</b>	<b>302.3</b>	<b>545.0</b>
Ontario	52.3	31.9	11.2	36.1	107.9	284.5	534.3

**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**

Indicator	NORTH WEST	Ontario	% change LHIN, FY 2007/08 to FY 2010/11
<b>Number of Active Clients</b>			
All ages	14,324	691,393	-4.3%
<=18	2,194	92,607	-9.4%
19-44	810	53,566	-13.6%
45-64	2,704	133,316	6.6%
65-74	2,224	104,527	-1.7%
75-84	3,608	176,197	-10.9%
>=85	2,784	131,180	1.1%
<b>Number of Visits</b>			
All Visits	181,175	8,563,029	
Nursing Visit	128,717	5,701,931	
Respiratory Services		123	
Nutrition and Dietetic	311	45,249	
Physiotherapy	10,394	426,841	
Occupational Therapy	10,074	473,130	
Speech Language Therapy	11,409	234,645	
Social Work	1,047	51,783	
Psychology		339	
Case Management	19,223	1,622,364	
Placement Services		6,624	
<b>Number of Hours</b>			
All Hours	468,045	22,361,396	
Nursing Shift Hours	4,280	1,617,524	
Personal Support Work		1,744,611	
Homemaking (HM) Hours		74,686	

Combined PSW & HM Hours	461,885	18,632,255
Respite Hours	1,880	292,320
Rate of Service Visits per		
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		
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)

LHIN	LTC Supply	LTC Residents	LTC beds waitlist	LTC demand Median TTP (days)	
Erie St. Clair	90.1	86.4	15.7	102.2	43
South West	99.7	97.0	20.0	117.1	44
Waterloo Wellington	84.1	82.3	16.3	98.6	63
HNHB	92.1	89.8	16.8	106.6	77
Central West	94.7	91.7	8.8	100.6	39
Mississauga Halton	69.4	68.2	16.8	85.0	140
Toronto Central	74.6	72.8	20.4	93.2	112
Central	69.5	66.9	23.1	89.9	87
Central East	87.6	85.0	38.1	123.1	120
South East	99.3	97.5	21.4	118.9	71
Champlain	95.0	91.1	30.0	121.1	144
North Simcoe Muskoka	88.8	85.2	26.8	112.0	112
North East	109.9	103.3	23.4	126.7	85
<b>North West</b>	<b>102.6</b>	<b>97.0</b>	<b>28.0</b>	<b>125.0</b>	<b>146</b>

Ontario	87.6	84.7	22.7	107.5	89
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**NORTH WEST LHIN:**

- 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**

	NORTH WEST		Ontario		Comments (for LHIN)
	#	Rate <sup>1</sup>	#	Rate	
LTC Bed Supply					
Long stay beds, including interim	1,740*		76,769		
Short stay respite & convalescent care beds	22		868		
Total beds in operation	1,762	102.6	77,637	87.6	2 <sup>nd</sup> highest <sup>2</sup>
LTC residents	1,666	97.0	75,126	84.7	
LTC beds waitlist	480	28.0	20,146	22.7	3 <sup>rd</sup> highest
LTC demand (residents + waitlist)	2,146	125.0	95,272	107.5	2 <sup>nd</sup> highest
Median time to LTC Placement (in days)					
Overall	146	-	89	-	Highest
From Acute Care only	114	-	48	-	Highest
From Community	184	-	114	-	2 <sup>nd</sup> highest
<sup>11</sup> Rate per 1,000 population aged 75+. <sup>2</sup> In Ontario; in comparison to other LHIN areas. * 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

LHIN	Primary care groups in LHIN			LHIN residents	
	Total # Primary Care Groups	Total # Physicians in Groups	# Patients enrolled to Groups in LHIN	# Patients enrolled residing in LHIN	% LHIN eligible residents enrolled
Erie St. Clair	28	309	464,263	456,505	70.9%
South West	66	559	757,256	735,922	78.3%
Waterloo	36	373	543,578	567,902	76.4%
HNHB	96	827	1,139,330	1,086,601	78.5%
Central West	41	459	638,223	636,171	71.3%
Mississauga	46	589	836,069	834,198	70.5%
Toronto	69	990	912,539	734,790	61.4%
Central	76	939	1,170,965	1,268,523	70.0%
Central East	55	900	1,230,124	1,156,509	73.7%
South East	35	359	412,637	384,611	79.2%
Champlain	92	870	870,586	863,084	67.7%
N Simcoe	16	245	319,434	345,549	78.0%
North East	60	360	398,570	405,535	70.4%
<b>North West</b>	<b>22</b>	<b>152</b>	<b>155,342</b>	<b>149,849</b>	<b>61.6%</b>
Ontario	738	7,931	9,848,916	9,848,916	71.0%

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

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

LHIN	Complex Vulnerable					All HCC	% Registered with HCC who are Complex Vulnerable
	# of registratio	# of referrals	% referred	# of registrations	# of referrals	% referred	
N Simcoe Muskoka	814	648	79.6%	8,316	6,062	72.9%	9.8%
North East	1,751	813	46.4%	15,685	9,025	57.6%	11.2%
<b>North West</b>	<b>375</b>	<b>70</b>	<b>18.7%</b>	<b>2,770</b>	<b>735</b>	<b>26.4%</b>	<b>13.5%</b>
<b>Ontario</b>	<b>8,750</b>	<b>6,111</b>	<b>69.8%</b>	<b>89,287</b>	<b>60,586</b>	<b>67.9%</b>	<b>9.8%</b>

**PERCENT OF COMPLEX VULNERABLE PERSONS WHO HAVE BEEN REFERRED TO A FAMILY HEALTH CARE PROVIDER, BY AGE/SEX OVER 3 YEARS (2009-2012)**

LHIN	Total	Sex		Age Group				
		Female	Male	0-19	20- 44	45-64	65-74	75+
Erie St. Clair	95.4%	96.1%	94.6%	100.0%	95.7%	94.7%	98.5%	93.7%
South West	80.5%	82.4%	78.4%	85.0%	73.6%	81.1%	84.0%	90.9%
Waterloo Wellington	70.8%	73.0%	67.8%	81.8%	61.6%	66.2%	87.5%	93.5%
HNHB	98.2%	98.0%	98.5%	95.8%	98.0%	98.3%	97.8%	100.0%
Central West	97.2%	97.8%	96.4%	93.8%	96.1%	97.2%	98.0%	98.7%
Mississauga Halton	97.0%	96.4%	97.7%	100.0%	98.2%	94.7%	97.6%	100.0%
Toronto Central	79.4%	80.5%	77.9%	91.7%	70.3%	79.5%	77.8%	92.0%
Central	97.6%	97.7%	97.4%	95.0%	98.3%	96.2%	98.4%	98.3%
Central East	74.4%	77.9%	70.0%	92.0%	60.2%	72.3%	83.7%	89.6%
South East	93.9%	94.3%	93.4%	97.1%	93.8%	93.5%	95.9%	91.1%
Champlain	78.6%	79.8%	77.0%	85.3%	75.8%	76.8%	83.5%	81.7%
N Simcoe Muskoka	86.4%	86.6%	86.2%	86.6%	79.8%	87.1%	88.3%	92.9%
North East	58.0%	57.2%	59.0%	70.9%	45.9%	55.9%	64.4%	74.8%
<b>North West</b>	<b>30.0%</b>	<b>29.5%</b>	<b>30.5%</b>	<b>38.9%</b>	<b>16.8%</b>	<b>28.3%</b>	<b>34.0%</b>	<b>50.5%</b>
<b>Ontario</b>	<b>77.0%</b>	<b>77.7%</b>	<b>76.2%</b>	<b>86.4%</b>	<b>71.0%</b>	<b>74.8%</b>	<b>81.4%</b>	<b>87.2%</b>

**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

	NORTH WEST LHIN	Ontario
<b>Health Care System Satisfaction</b>		
Availability of care in the province – Excellent/Good	59.9%↓	67.2%
Quality of care in the province – Excellent/Good	70.8%	75.4%
Availability of care in the community – Excellent/Good	52.8%↓	66.4%
Quality of care in the community – Excellent/Good	70.6%	75.4%
<b>Patient Satisfaction with Health Care Services</b>		
Quality of care received - Excellent/Good	86.0%	88.4%
Patient satisfaction with care provided - Very/Somewhat satisfied	85.8%	88.1%
Quality of hospital care received - Excellent/Good	84.5%	83.9%
Patient satisfaction with hospital care provided - Very/Somewhat satisfied	86.0%	83.3%
Quality of physician care received - Excellent/Good	87.4%	91.2%
Patient satisfaction with physician care provided - Very/Somewhat satisfied	90.0%	91.2%
↓ 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 estimates, 2005 – 2010.

### 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**

	Number of Professionals, 2010		Rate per 100,000 population, 2010	
	NORTH WEST	% change 2006 - 2010	NORTH WEST	Ontario
Family physicians Specialists	265	4.3%	111.0	88.0
Total physicians	177	13.5%	74.1	100.3
	442	7.8%	185.1	188.3
Registered Nurses (RNs in general class)	2,449	6.1%	1025.7	710.9
Registered Practical Nurses (RPNs)	1,069	7.9%	447.7	230.4
Nurse Practitioners (NPs = RNs in extended class)	71	57.8%	29.7	11.2
Total Nurses	3,589	7.3%	1503.1	952.6
<b>Selected professions:</b>	<b># Professionals, 2009</b>		<b>Rate per 100,000 population, 2009</b>	
Midwife	13		5.4	3.1
Occupational Therapist	85		35.5	32.1
Optician	20		8.4	17.4
Optometrist	28		11.7	12.8
Pharmacist	188		78.6	78.9

*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.*