



News Release

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LHINs' Marching Orders Not Clear Enough and Performance Gaps Widening, Auditor General Says

(TORONTO) Ontario's 14 Local Health Integration Networks (LHINs) have the mandate to plan, fund and integrate local health systems, but the Ministry of Health and Long-Term Care never clearly outlined what the end result would look like and when that end result should be achieved, Auditor General Bonnie Lysyk says in her *2015 Annual Report*.

"Our audit found that the Ministry has not clearly defined the attributes of an 'integrated health system,' nor does it have any way to measure how effective LHINs are as planners, funders and integrators of health care," Lysyk said after tabling of her Report.

"This makes it difficult to determine whether they are delivering value for money," she added of the LHINs, which were created in 2007.

LHINs' performance is measured for the most part by indicators that measure primarily the effectiveness of hospitals. The Report found that, if LHINs' mandate is for hospitals and other health service providers to meet certain performance levels to ensure that people get the right care at the right time throughout the health system, then LHINs have not yet succeeded.

While performance in six of 15 measured areas has improved in the last eight years, performance in the remaining nine areas has either stayed relatively consistent or deteriorated, especially since 2010. For example, patients who no longer needed acute hospital care stayed in the hospital for more days in 2015 than in 2007. None of the 14 LHINs has ever met all of the targets in the 15 areas of performance.

As well, the gaps between LHINs in the performance areas have widened from 2012 to 2015 in 10 of the 15 areas, with persistent performance issues at some LHINs. For example, patients in the worst-performing LHIN waited 194 days to receive semi-urgent cataract surgery in 2012. This is five times longer than patients in the best-performing LHIN waited. Three years later, this performance gap widened from five times longer to 31 times longer.

The Report further noted that people in some parts of Ontario have better access to integrated health care than people in other parts of the province. The Auditor General also found that some people were not receiving health care in the setting that best meets their health needs and that health care was provided sometimes at a much higher cost than necessary.

Following are some of the other significant findings:

- The Ministry does not consistently hold LHINs accountable when they do not meet targets. For example, one of the four LHINs visited during the audit had not met the wait-time target for MRI scans in six of eight years while another had not met its hip-replacement wait-time target in seven of eight years. The Ministry responded by relaxing targets for some LHINs, but keeping targets the same, or making them tougher, for others.

- None of the four LHINs visited verified whether health service providers submitted accurate performance information.
- LHINs have not established a framework to identify and share best practices, and it remains unclear whether the Ministry or LHINs should be creating standardized approaches to address common health system issues.
- There is no common complaint-management process across LHINs, and LHINs did not always ensure that patient complaints were appropriately resolved.
- System capacity is not yet fully defined for areas such as palliative care, home and community care, and rehabilitative services.
- LHINs could not demonstrate that they have maximized economic efficiencies in the delivery of health services as per their mandate, because the use of group purchasing and back-office integration differed across the four LHINs we visited.

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