

Alternate Level of Care (ALC) Methodology Document

This document provides the methodology for the concepts reported in the dashboards on Health System Insights (HSI) under the Alternate Level of Care - Performance Reports role. The concepts include:

- *ALC Rate*
- *ALC Throughput Ratio*
- *ALC Designated within 'x' days*
- *ALC Volume and Wait times*
- *ALC Most Appropriate Discharge Destination (MADD)*
- *ALC Specialized Needs and Supports (SNS)*
- *ALC Patient Journey*
- *ALC Equity*
- *Appendix of RCC and AHF sites*

General Notes

The following notes apply to all ALC methodologies that follow in this document.

This data is provided by Ontario Health (OH) for capacity planning and performance management. The data is not to be distributed without express permission from OH. Please do not use this information, either alone or with other information to identify an individual. This includes attempting to decrypt information that is encrypted, attempting to identify an individual based on encrypted information and attempting to identify an individual based on prior knowledge.

INTERPRETATION NOTE

During the data stabilization period, patients designated ALC and transferred to either Reactivated Care Centre (RCC) or Alternate Health Facilities (AHF) will be reported separately from regularly monthly performance reports. Therefore, the figures presented herein does not include the patient population designated ALC at RCC or AHF sites. Please refer to the list of RCC and AHF sites in the Appendix of this document.

Please also note that the number of beds associated with transitional care programs in hospital are not excluded from the figures.

DATA QUALITY DESIGNATION

Any data cells highlighted in blue indicate that there are data quality issues with that data reported in that cell and should be interpreted with caution. Hovering over the highlighted cell will display a tooltip with the description of the data quality concern.

The following designations are assigned to data that is suppressed for the following four data quality issues defined below:

Data Quality Designation	Definition
Reporting Issue (RI)	Hospital did not meet the data quality requirements for reporting purposes and/or did not participate in the compliance process. Refer to the ED Data Quality Notes for additional information.
Not Required to Report (NS)	Not required to report or no service offered
No Volume (NV)	Hospital did not perform this service or did not have any ED visits during the reporting period
Low Volume (LV)	Volume of cases reported is too low for reporting

Filter Category Definitions

This section provides the definitions of drop-down filter categories used in the dashboards under the HSI Alternate Level of Care - Performance Reports role.

ALC CASE STATUS

ALC Case Status	Definition
Open Cases	ALC Cases designated or re-designated prior to the end of the reporting month, that are still open as of the last day of the reporting period
Discharged Cases	ALC cases discharged to an ALC discharge destination prior to the end of the reporting period
Discontinued Cases	ALC cases that have been designated or re-designated ALC and whose status is no longer ALC at the end of the reporting period due to one of the following reasons: <ul style="list-style-type: none">• Change in Destination Invalidates ALC Designation• Change in Medical Status• Data Entry Error• Death• Discharge Against Medical Advice• Transfer to Acute Care• Unplanned Repatriation

INPATIENT SERVICES

Inpatient Services	Definition
All Inpatient Services	The Inpatient Service is the designated bed where the patient designated ALC is currently waiting. It is inclusive of the four types of Inpatient Services: Acute Care (Acute Care - Surgical, Non-Surgical, and Intensive/Critical Care), Complex Continuing Care, Mental Health, and Rehabilitation.
Acute Care	A designated bed inclusive of the following Acute Care bed types: Acute Care - Surgical, Acute Care - Non-Surgical and Acute Care - Intensive/Critical Care.
Post-Acute Care	Inclusive of the following inpatient service types: Complex Continuing Care, Mental Health and Rehabilitation.
Complex Continuing Care	A designated bed providing specialized care to patients who are medically complex, require hospital stays, regular onsite physician care and assessment, and active management over extended periods of time.
Mental Health	A designated bed providing therapeutic services to patients with addictions, psychological, behavioural or emotional illnesses.
Rehabilitation	A designated bed providing care aimed at maximizing patients' overall physical, sensory, intellectual, psychological and social functions.

DISCHARGE DESTINATIONS

Discharge Destinations	Definition
All Discharge Destinations	The Discharge Destination is the location determined by the physician or delegate in collaboration with an interprofessional team (when available), as to where a patient is to be discharged or transferred. It is inclusive of the following Discharge Destination Types: Complex Continuing Care, Convalescent Care, Home, Long Term Care, Mental Health, Palliative Care, Rehabilitation, Supervised/Assisted Living, TBD, and Unknown.
Complex Continuing Care	A designated bed providing specialized care to patients who are medically complex, require hospital stays, regular onsite physician care and assessment, and active management over extended periods of time.
Convalescent Care	Provision of care to support the gradual recovery of health and strength after illness or surgery. Convalescent Care programs provide 24-hour care to people who require specific medical and therapeutic services in supportive environments for defined periods of time.
Home with Community Services	Patient is discharged home with community-based services not offered through the Regions (formerly LHINs) to support the patient's ability to live in the community. This may include, but is not limited to, day hospital, outpatient programs or clinics, and eldercare day programs such as Meals-on-Wheels.

Home with HCCSS	Patient is discharged home with services provided by a Home and Community Care Support Services, which acts as a local point of contact to co-ordinate community-based services. Home and Community Care Support Services will also determine eligibility for government-funded home and community support services and admission to a long-term care home.
Home without Services	Patient is discharged home with no services required.
Long Term Care	A designated bed providing care to meet both the medical and non-medical needs of people with chronic illnesses or disabilities who require care that is not available in the community.
Mental Health	A designated bed providing therapeutic services to patients with addictions, psychological, behavioural or emotional illnesses.
Palliative Care	The scope of ALC-Palliative Care is focused on those patients waiting for palliative care programs or services delivered in a hospital placement or in a hospice residence setting. Provision of medical or comfort care to support end-of-life planning to reduce the severity of a disease or slow its progress. The focus is on quality of life measures rather than providing a cure.
Rehabilitation	A designated bed providing care aimed at maximizing a patient's overall physical, sensory, intellectual, psychological and social functions. This may include the acquisition of special equipment or other resources.
Supervised/Assisted Living	Provision of care for patients (e.g., the elderly or people with physical disabilities) who are able to mobilize independently but who may require assistance with activities of daily living.
TBD	The default value assigned to the ALC Discharge Destination Type when an ALC waitlist entry is opened until otherwise specified. An ALC waitlist entry cannot be closed until the discharge destination has been updated, except when the ALC waitlist entry has been discontinued.
Unknown	Assigned when a patient's ALC Discharge Destination is not known, not established, or does not exist.

WAIT TIME DISTRIBUTION CATEGORIES

Wait Time Distribution Categories
0 days <= ALC LOS <= 7 days
7 days < ALC LOS <= 14 days
14 days < ALC LOS <= 30 days
30 days < ALC LOS <= 60 days
60 days < ALC LOS <= 90 days
90 days < ALC LOS <= 180 days
180 days < ALC LOS <= 364 days
ALC LOS > 364 days

SPECIALIZED NEEDS AND SUPPORTS (SNS)

Specialized Needs and Supports Categories
Bariatric
Behavioural
Behavioural - 1:1 Support
Behavioural - Aggressive Behaviours
Behavioural - Sexualized Behaviours
Behavioural - Unspecified
Developmental
Dialysis
Equipment/Structural (No Bariatrics)
Feeding
Infection Control/Isolation
Infection Control/Isolation - Isolation
Infection Control/Isolation - Outbreak at Discharge Destination
Infection Control/Isolation - Outbreak at Facility
Mechanical Ventilation
Medications/Labs/Therapy
Mental Health
Mental Health - Addictions
Mental Health - Concurrent Disorders
Mental Health - Unspecified
Neurological
Neurological - Acquired Brain Injury
Neurological - Unspecified
Respiratory (excludes ventilation)
Social
Social - Financial
Social - Housing/Homeless
Social - Lack of Social Support
Social - Legal Concerns
Social - Unspecified
Wound Care

ALC Rate Methodology

General Notes

Please be advised that the methodology for calculating the denominator of the ALC Rate was updated effective December 1, 2022. This update will better reflect the intention of the ALC Rate as an indicator that represents the proportion of inpatient days in Acute and Post-Acute care beds that are spent designated ALC in a specific period. This includes patients who may be off-serviced in a different bed type compared to the inpatient service they had been admitted.

To calculate the Total Number of Inpatient Days, an extract of the Daily Bed Census Summary (dBCS) is taken on the 6th business day of each reporting month to coincide with the WTIS data cut date. The recalibration of Inpatient Days calculation, which is the sum of all patients residing in each inpatient bed type for each day of the month, is in response to the Bed Census Summary changes which took place in late 2021. The new methodology will be reflected in the reported ALC Rate beginning from April 2022 in the October ALC Rate Report, scheduled for release on December 1, 2022.

METHODOLOGY NOTES

The day of ALC designation is counted as an ALC day, but the date of discharge or discontinuation is not counted as an ALC day

For cases with an ALC designation date on the last day of a reporting period and no discharge/discontinuation date, then ALC days = 1

The ALC Rate indicator methodology makes the assumption that the Inpatient Service data element (as defined in the WTIS) is comparable to the Bed Type data element (as defined in the BCS)

Numerator: Total ALC Days

DATA SOURCE

Alternate Level of Care data in the Wait Time Information System (WTIS-ALC) as of the 6th business day of the following month

EXCLUSIONS

1. ALC cases discontinued due to 'Data Entry Error'
2. ALC cases identified by the facility for exclusion. WTIS Master Number for facility and site added to all data tables where possible
3. ALC Days is excluded for the portion of the time when Inpatient Service = Discharge Destination for Post-Acute Care (*Exception: Bloorview Rehab, CCC to CCC)

DEFINITIONS

- **Total ALC Days:** The total ALC days represents the number of ALC days contributed by patients designated ALC within the same reporting period as the Bed Census Summary data submitted.

- **Acute ALC days** = ALC days for Inpatient Services Acute Care - Non-surgical (NS) + Acute Care - Surgical (SU) + Intensive/Critical Care (IC)
- **Post-Acute ALC days** = ALC days for Inpatient Services Complex Continuing Care (CC) + Rehabilitation (RB) + Mental Health (MH)
 - CCC ALC days = ALC days for Inpatient Service CC
 - Rehab ALC days = ALC days for Inpatient Service RB
 - Mental Health ALC days = ALC days for Inpatient Service MH
- **Total ALC Days by Discharge Destination:** The total ALC days by discharge destination represents the number of ALC days contributed by patients designated ALC within the same reporting period as the Bed Census Summary data submitted who have waited for the discharge destination during the patient journey, irrespective of the current discharge destination.

Denominator: Total Inpatient Days (October 2021 Data Onwards)

DATA SOURCE

The data source used to calculate the total patient days in the ALC Rate Report is the Daily Bed Census Segmentation. Ontario hospitals make daily data submissions to the Ministry of Health and Long Term Care via Daily Bed Census Segmentation (BCS) Application. Acute Admission, Discharge and Death data is submitted as of 12:00 AM midnight. Data on the number of patients occupying a bed is submitted as of 11:00 AM. OH takes a data cut on a defined date from the application to use for the total patient days in the ALC Rate Report. Reactivation Care Centres (RCC) are assigned unique Master Institution Number. Patient days in RCC beds are excluded based on Master Institution Number.

EXCLUSIONS

1. Patient days contributed by inpatients in the emergency department (Bed Type = Emergency (Emergency + Post-Anesthetic Recovery Room (PARR)))
2. Patient days contributed by newborns in bassinets and NICU bassinets

DEFINITIONS

- **Acute Patient days:** the total number of patient days occupying Acute including Mental Health Children/Adolescent (AT) beds
- **Post-Acute Patient days:** the total number of patient days occupying Complex Continuing Care (CR) + General Rehabilitation (GR) + Special Rehabilitation (SR) + Mental Health - Adult (MH) Beds
 - CCC Patient days = the total number of patient days occupying Complex Continuing Care (CR) Beds
 - Rehab Patient days = the total number of patient days occupying in General Rehabilitation (GR) + Special Rehabilitation (SR) Beds

- Mental Health Patient days = the total number of patient days occupying Mental Health - Adult (MH) Beds

Denominator: Total Inpatient Days (July 2017 - September 2021 Data)

DATA SOURCE

The data source used to calculate the total patient days in the ALC Rate Report is the Daily Bed Census Summary. Ontario hospitals make daily data submissions to the Ministry of Health and Long Term Care via Daily Bed Census Summary (BCS) Application. Data submitted is a count of all patients occupying a bed as of 12:00 AM midnight. OH takes a data cut on a defined date from the application to use for the total patient days in the ALC Rate Report.

EXCLUSIONS

1. Patient days contributed by inpatients in the emergency department (Bed Type = Emergency (Emergency + Post-Anesthetic Recovery Room (PARR)))
2. Patient days contributed by newborns in bassinets and NICU bassinets

DEFINITIONS

- **Acute Patient days:** the total number of patient days occupying Acute with Mental Health Children/Adolescent (AT) beds
- **Post-Acute Patient days:** the total number of patient days occupying Complex Continuing Care (CR) + General Rehabilitation (GR) + Special Rehabilitation (SR) + Mental Health - Adult (MH) Beds
 - CCC Patient days = the total number of patient days occupying Complex Continuing Care (CR) Beds
 - Rehab Patient days = the total number of patient days occupying in General Rehabilitation (GR) + Special Rehabilitation (SR) Beds
 - Mental Health Patient days = the total number of patient days occupying Mental Health - Adult (MH) Beds

Denominator: Total Inpatient Days (July 2011 - May 2017 Data)

DATA SOURCE

The data source used to calculate the total patient days in the ALC Rate Report is the Bed Census Summary (BCS) [previously the Daily Census Summary (DCS)]. Ontario hospitals make monthly data submissions to the ministry's Health Data Branch (HDB) Web Portal. OH then takes a data cut from the Web Portal to use for the total patient days in the ALC Rate Report. Parts of this material are based on data and information compiled and provided by MOHLTC. However, the analyses, conclusions, opinions and statements expressed herein are those of the author, and not necessarily those of MOHLTC.

EXCLUSIONS

1. Patient days contributed by inpatients in the emergency department (Bed Type = Emergency (Emergency + Post-Anesthetic Recovery Room (PARR)))
2. Patient days contributed by newborns in bassinets and NICU bassinets

DEFINITIONS

The total patient days represents the total number of patient days contributed by inpatients within the specific reporting month/quarter. Bed type is identified in the BCS data

- **Acute Patient days:** the total number of patient days contributed by inpatients in Medical (MED) + Surgical (SURG) + Combined Medical & Surgical (CMS) + Intensive Care and Coronary Care (ICU) + Obstetrics (OBS) + Paediatric (PAE) + Child/Adolescent Mental Health (Children MH) + Acute Addiction (Addiction) + Pediatrics in Nursery (Paed Days in Nursery) + Newborns (Level 1 - General + Level 2 - Intermediate + Level 3 - ICU Neonatal + Not in Regular)
- **Post-Acute Patient days:** the total number of patient days contributed by inpatients in Chronic (Chronic) + General Rehabilitation (Gen. Rehab) + Special Rehabilitation (Spec. Rehab) + Acute Psych (Acute Psy) + Addiction (Addiction) + Forensic (Forensic) + Psychiatric Crisis Unit (Crisis Unit) + Longer Term Psychiatric (Long Term)
 - CCC Patient days = the total number of patient days contributed by inpatients in Chronic (Chronic)
 - Rehab Patient days = the total number of patient days contributed by inpatients in General Rehabilitation (Gen. Rehab) + Special Rehabilitation (Spec. Rehab)
 - Mental Health Patient days = the total number of patient days contributed by inpatients in Acute Psych (Acute Psy) + Addiction (Addiction) + Forensic (Forensic) + Psychiatric Crisis Unit (Crisis Unit) + Longer Term Psychiatric (Long Term)

Calculations

$$\text{ALC RATE (INPATIENT DAYS)} = \frac{\text{Total number of ALC days in a given time period}}{\text{Total number of inpatient days in the same time period}} \times 100\%$$

$$\% \text{ CONTRIBUTION BY DISCHARGE DESTINATION TO ALC RATE} = \frac{\text{Total ALC days by Discharge Destination in a given time period}}{\text{Total number of inpatient days in the same time period}} \times 100\%$$

ALC Throughput Ratio Methodology

DATA SOURCE

Alternate Level of Care data in the Wait Time Information System (WTIS-ALC) as of the 6th business day of the following month

EXCLUSIONS

- ALC Cases discontinued for a reason of 'Data Entry Error'
- ALC Cases that were identified by the Facility for exclusion
- ALC Closed Cases having a calculated ALC length of stay of zero days (ALC Designation Date = ALC Discharge/Discontinuation Date)
- ALC cases having Inpatient Service=Discharge Destination for Post-Acute Care (Exception: Bloorview Rehab, CCC to CCC)

Numerator: Volume of Discharged Cases

DEFINITIONS

- **Volume of Discharged Cases for all Discharge Destinations:** The number of ALC cases discharged to an ALC discharge destination within the reporting period (inclusive of start and end dates). Please see Throughput Ratio - Additional Notes below.
- **Volume of Discharged Cases for Discharge Destination X:** The number of ALC cases discharged to ALC discharge destination=X within the reporting period (inclusive of start and end dates).

For example, the 'Volume of Discharged Cases' in December represents the number of cases discharged to ALC discharge destination=X from December 1 to December 31 (inclusive).

Denominator: Volume of Newly Added Cases

DEFINITIONS

- **Volume of Newly Added Cases for all Discharge Destinations:** The number of cases designated or re-designated ALC within the reporting period (inclusive of start and end dates). Please see Throughput Ratio - Additional Notes below.
 - Volume of Newly Added Cases to all Discharge Destination= Volume of New ALC Designations + Volume of ALC Re-designations
 - Volume of New ALC Designations: The number of cases newly designated ALC within the reporting period
 - Volume of ALC Re-designations: The number of cases re-designated ALC within the reporting period
- **Volume of Newly Added Cases for Discharge Destination X:** The number of cases designated or re-designated ALC within the reporting period (inclusive of start and end dates) waiting for ALC discharge destination=X .

- Volume of Newly Added Cases for Discharge Destination X= Volume of New ALC Designations for Discharge Destination X + Volume of ALC Re-designations for Discharge Destination X
 - Volume of New ALC Designations for Discharge Destination X: The number of cases newly designated ALC within the reporting period for Discharge Destination X
 - Volume of ALC Re-designations for Discharge Destination X: The number of cases re-designated ALC within the reporting period for Discharge Destination X

For example, the 'Volume of Discharged Cases' in December represents the number of cases discharged to ALC discharge destination=X from December 1 to December 31 (inclusive).

Calculations

$$\text{THROUGHPUT RATIO FOR ALL DISCHARGE DESTINATIONS} = \frac{\text{Volume of New ALC Designation for all Discharge Destinations}}{\text{Volume of Re-designations for all Discharge Destinations}}$$

$$\text{THROUGHPUT RATIO FOR DISCHARGE DESTINATION X} = \frac{\text{Volume of New ALC Designation for Discharge Destination X}}{\text{Volume of Re-designations for Discharge Destination X}}$$

OTHER DEFINITIONS

- **Queue at Start of Reporting Period for all Discharged Destinations:** The number of ALC cases on the waitlist (open) as of the start of the reporting period (not including the start date)
- **Queue at Start of Reporting Period for Discharged Destination X:** The number of ALC cases on the waitlist (open) as of the start of the reporting period (not including the start date) waiting for ALC discharge destination=X

For example, the 'Queue at Start of Reporting Period' in December represents the number of ALC cases on the waitlist (open) as of (but not including) December 1st waiting for ALC discharge destination=X

- **Number of Transfer-In Instances:** The number of transfers from another site to the selected site. Please see Throughput Ratio - Additional Notes below.
- **Number of Transfer-Out Instances:** The number of transfers out of the selected site. Please see Throughput Ratio - Additional Notes below.

THROUGHPUT RATIO - ADDITIONAL NOTES

1. ALC cases that are discontinued at the time of the data cut are excluded from the throughput ratio numerator and denominator calculations and related metrics such as Queue at the start of the reporting period. Please note there is one exception to the rule and is detailed below.
 - a. If an ALC case is discontinued due to a 'Change in Medical Status', this case is **included** only if and when the case is re-designated ALC and still on the waitlist (open) or discharged to an ALC discharge destination (closed). For this example, the ALC case will

be counted in the 'Volume of Newly Added Cases' total in the month/quarter of re-designation. When the case is discharged, the ALC case will be counted in the 'Volume of Discharged Cases' total in the month/quarter of discharge. While the ALC case remains on the waitlist following the re-designation month, it will be counted in the 'Queue at Start of Report Period' total until it is discharged.

- b. If an ALC case is discontinued due to 'Change in Medical Status', and then re-designated ALC, then discontinued again at the time of the data cut, the case is **excluded**.
2. For the throughput ratio numerator and denominator and other related metrics calculated by ALC discharge destination, ALC cases are attributed to the ALC discharge destination listed at the time of the most recent snapshot of the WTIS-ALC.
3. If a newly added ALC case was transferred from site A to site B within the reporting period, this newly added case will be counted as 1 under site A's volume of new ALC designations (original site where the patient was designated ALC).
4. If an ALC case was transferred from site A to site B and then later discharged from site B, this case will be counted as 1 under site B's discharged volume (site where the patient was discharged from).
5. An ALC case may be counted more than once for transfer in or transfer out.

ALC Designated ALC within 'x' days Methodology

DATA SOURCE

Alternate Level of Care data in the Wait Time Information System (WTIS-ALC) as of the 6th business day of the following month

EXCLUSIONS

- ALC Cases discontinued for a reason of 'Data Entry Error'
- ALC Cases that were identified by the Facility for exclusion
- ALC Closed Cases having a calculated ALC length of stay of zero days (ALC Designation Date = ALC Discharge/Discontinuation Date)
- ALC cases having Inpatient Service=Discharge Destination for Post-Acute Care (Exception: Bloorview Rehab, CCC to CCC)

DEFINITIONS

% Designated within X Days of Admission: Percentage of newly designated ALC within the reporting period designated within X days of admission (excludes re-designations)

1. Within 0 Days: The number of new ALC cases designated within 0 days of admission within the reporting period
2. Within 1 Day: The number of new ALC cases designated within 1 day of admission within the reporting period

3. Within 2 Days: The number of new ALC cases designated within 2 days of admission within the reporting period
4. Within 3 Days: The number of new ALC cases designated within 3 days of admission within the reporting period
5. Total WLE: The number of new ALC cases designated within the reporting period
6. % of 2 Days: Percentage of new ALC cases designated within 2 days of admission within the reporting period

ADDITIONAL NOTES

1. ALC cases that are discontinued at the time of the data cut are excluded from all columns in the table. Please note there is one exception to the rule and is detailed below.
 - a. If an ALC case is discontinued due to a 'Change in Medical Status', this case is **included** only if and when the case is re-designated ALC and still on the waitlist (open) or discharged to an ALC discharge destination (closed). For this example, the ALC case will be counted in the 'Volume of Newly Added Cases' total in the month/quarter of re-designation. When the case is discharged, the ALC case will be counted in the 'Volume of Discharged Cases' total in the month/quarter of discharge. While the ALC case remains on the waitlist following the re-designation month, it will be counted in the 'Queue at Start of Report Period' total until it is discharged.
 - b. If an ALC case is discontinued due to 'Change in Medical Status', and then re-designated ALC, then discontinued again at the time of the data cut, the case is **excluded**.
2. If a newly added ALC case was transferred from site A to site B within the reporting period, this newly added case will be counted as 1 under site A's volume of new ALC designations (original site where the patient was designated ALC).
3. An ALC case may be counted more than once for transfer in or transfer out

ALC Volume and Wait times Methodology

DATA SOURCE

Alternate Level of Care data in the Wait Time Information System (WTIS-ALC) as of the 6th business day of the following month

EXCLUSIONS

- ALC Cases discontinued for a reason of 'Data Entry Error'
- ALC Cases that were identified by the Facility for exclusion
- ALC Closed Cases having a calculated ALC length of stay of zero days (ALC Designation Date = ALC Discharge/Discontinuation Date)
- ALC cases having Inpatient Service=Discharge Destination for Post-Acute Care (Exception: Bloorview Rehab, CCC to CCC)

DEFINITIONS

- **Open Case Volume:** Number of ALC Cases designated or re-designated prior to the end of the reporting month, that are still open as of the last day of the reporting period
- **Discharged Case Volume:** Number of ALC cases discharged to an ALC discharge destination prior to the end of the reporting period
- **Discontinued Case Volume:** Number of cases that have been designated or re-designated ALC and whose status is no longer ALC at the end of the reporting period due to one of the following reasons:
 - Change in Destination Invalidates ALC Designation
 - Change in Medical Status
 - Data Entry Error
 - Death
 - Discharge Against Medical Advice
 - Transfer to Acute Care
 - Unplanned Repatriation
- **ALC Wait Time -Total ALC Days:** The total number of ALC days that patients waited (are waiting) for each Discharge Destination in the Patient Journey (stratified by their current or final Discharge Destination)
- **ALC Wait Time -Average:** The total number of ALC Days that patients waited (are waiting) for each Discharge Destination in the Patient Journey divided by the total number of patients designated ALC who waited (are waiting) for each respective Discharge Destination (stratified by their current or final Discharge Destination)
- **ALC Wait Time - Median:** The maximum number of ALC Days that half of patients (50%) waited (are waiting) for each Discharge Destination in Patient Journey (stratified by their current or final Discharge Destination)
- **ALC Wait Time - 90th Percentile:** The maximum number of ALC Days that 90% of patients waited (are waiting) for each Discharge Destination in Patient Journey (stratified by their current or final Discharge Destination)

Calculations

- **Open Cases - ALC Wait Time:** ALC Wait Time for open cases is defined as the time from ALC designation date to the last day of the reporting period, minus any ACE periods†.
Note: ALC wait time is attributed to the discharge destination listed for open ALC cases at the end of each reporting period.
- **Discharged Cases - ALC Wait Time:** ALC Wait Time for discharged cases is defined as the time from ALC designation date to the date of discharge to an ALC discharge destination, minus any ACE periods†.
Note: ALC wait time is attributed to the final discharge destination for discharged ALC cases.
- **Discontinued Cases - ALC Wait Time:** ALC Wait Time for discontinued cases is defined as the time from ALC designation date to the discontinuation date, minus any ACE periods†.

Note: ALC wait time is attributed to the final discontinuation reason for discontinued ALC cases.

†Acute Care Episodes (ACE)

An Acute Care Episodes (ACE) represents the period of time when the patient's condition has deteriorated and the designation of ALC is no longer appropriate. A Waitlist Entry (WLE) may have one or more Acute Care Episodes (ACEs). The start date of an Acute Care Episode is the discontinuation date where the reason for discontinuation is a change in medical status. The end date of an Acute Care Episode is the re-designation date.

Calculation: ACEs = Count (ACE 1 + ACE 2 + ... + ACE n), where If an ALC WLE does not have any ACEs, ACEs = 0

ALC Most Appropriate Discharge Destination (MADD) Methodology

DATA SOURCE

Alternate Level of Care data in the Wait Time Information System (WTIS-ALC) as of the 6th business day of the following month

EXCLUSIONS

- ALC Cases discontinued for a reason of 'Data Entry Error'
- ALC Cases that were identified by the Facility for exclusion
- ALC Closed Cases having a calculated ALC length of stay of zero days (ALC Designation Date = ALC Discharge/Discontinuation Date)
- ALC cases having Inpatient Service=Discharge Destination for Post-Acute Care (Exception: Bloorview Rehab, CCC to CCC)

DEFINITIONS

- **Open Cases Volume:** Number of ALC Cases designated or re-designated prior to the end of the reporting month, that are still open as of the last day of the reporting period.
- **Open Cases Volume - Long Waiters:** Number of long waiters are defined as open ALC cases that have been waiting 30 days or longer since ALC designation date.
- **Discharged Cases Volume:** Number of ALC cases discharged to an ALC discharge destination prior to the end of the reporting period.
- **ALC Wait Time- 90th Percentile:** The maximum ALC wait time that 90% of cases have been waiting (open cases) or have waited (closed cases).
- **ALC Wait Time - Median:** The maximum ALC wait time that 50% of cases have been waiting (open cases) or have waited (closed cases).
- **ALC Wait Time - Average:** The total ALC wait time for all cases divided by the total number of ALC cases; this represents the average ALC wait time that cases have been waiting (open cases) or have waited (closed cases).

Calculations

- **Open Cases - ALC Wait Time:** ALC Wait Time for open cases is defined as the time from ALC designation date to the last day of the reporting period, minus any ACE periods†.

Note: ALC wait time is attributed to the discharge destination listed for open ALC cases at the end of each reporting period.

- **Discharged Cases - ALC Wait Time:** ALC Wait Time for discharged cases is defined as the time from ALC designation date to the date of discharge to an ALC discharge destination, minus any ACE periods†.

Note: ALC wait time is attributed to the final discharge destination for discharged ALC cases.

- **Discontinued Cases - ALC Wait Time:** ALC Wait Time for discontinued cases is defined as the time from ALC designation date to the discontinuation date, minus any ACE periods†.

Note: ALC wait time is attributed to the final discontinuation reason for discontinued ALC cases.

†Acute Care Episodes (ACE)

An Acute Care Episodes (ACE) represents the period of time when the patient's condition has deteriorated and the designation of ALC is no longer appropriate. A Waitlist Entry (WLE) may have one or more Acute Care Episodes (ACEs). The start date of an Acute Care Episode is the discontinuation date where the reason for discontinuation is a change in medical status. The end date of an Acute Care Episode is the re-designation date.

Calculation: ACEs = Count (ACE 1 + ACE 2 + ... + ACE n), where If an ALC WLE does not have any ACEs, ACEs = 0

FOR OPEN CASES ALL DISCHARGE DESTINATIONS,

$$\% (DD = MADD) = \frac{\text{Volume of open cases where DD = MADD}}{\text{Total Open Cases}} \times 100\%$$

$$\% (DD \neq MADD) = \frac{\text{Volume of open cases where DD} \neq \text{MADD}}{\text{Total Open Cases}} \times 100\%$$

FOR DISCHARGED CASES AND ALL DISCHARGE DESTINATIONS,

$$\% (DD = MADD) = \frac{\text{Volume of discharged cases where DD = MADD}}{\text{Total Discharged Cases}} \times 100\%$$

$$\% (DD \neq MADD) = \frac{\text{Volume of discharged cases where DD} \neq \text{MADD}}{\text{Total Discharged Cases}} \times 100\%$$

FOR DISCONTINUED CASES DUE TO DEATH AND ALL DISCHARGE DESTINATIONS,

$$\% (DD = MADD) = \frac{\text{Volume of Discontinued Cases due to Death where DD = MADD}}{\text{Total Discontinued Cases due to Death}} \times 100\%$$

$$\% (DD \neq MADD) = \frac{\text{Volume of Discontinued Cases due to Death where DD} \neq \text{MADD}}{\text{Total Discontinued Cases due to Death}} \times 100\%$$

FOR OPEN CASES FOR SELECTED DISCHARGE DESTINATION,

$$\% (DD = MADD) = \frac{\text{Volume of open cases where DD = MADD for the selected discharge destination}}{\text{Total Open Cases for the selected discharge destination}} \times 100\%$$

$$\% (DD \neq MADD) = \frac{\text{Volume of open cases where DD \neq MADD for the selected discharge destination}}{\text{Total Open Cases for the selected discharge destination}} \times 100\%$$

ALC Specialized Needs and Supports (SNS) Methodology

DATA SOURCE

Alternate Level of Care data in the Wait Time Information System (WTIS-ALC) as of the 6th business day of the following month

EXCLUSIONS

- ALC Cases discontinued for a reason of 'Data Entry Error'
- ALC Cases that were identified by the Facility for exclusion
- ALC Closed Cases having a calculated ALC length of stay of zero days (ALC Designation Date = ALC Discharge/Discontinuation Date)
- ALC cases having Inpatient Service=Discharge Destination for Post-Acute Care (Exception: Bloorview Rehab, CCC to CCC)

DEFINITIONS

- **Open Cases Volume:** Number of ALC Cases designated or re-designated prior to the end of the reporting period, that are still open as of the last day of the reporting period.
- **Open Cases Volume - Long Waiters:** Number of long waiters are defined as open ALC cases that have been waiting 30 days or longer since ALC designation date.
- **Discharged Cases Volume:** Number of ALC cases discharged to an ALC discharge destination prior to the end of the reporting period.
- **ALC Wait Time- 90th Percentile:** The maximum ALC wait time that 90% of cases have been waiting (open cases) or have waited (closed cases).
- **ALC Wait Time - Median:** The maximum ALC wait time that 50% of cases have been waiting (open cases) or have waited (closed cases).
- **ALC Wait Time - Average:** The total ALC wait time for all cases divided by the total number of ALC cases; this represents the average ALC wait time that cases have been waiting (open cases) or have waited (closed cases).
- **No SNS:** No SNS Requirements are indicated as neither a Need or Barrier
- **SNS as a Need only:** SNS Requirements are indicated as a Need only with no Barriers

- **At Least 1 Barrier:** SNS Requirements are indicated as a Barrier (at least one reported)
- **SNS as a Need or Barrier:** SNS Requirements are indicated as a Need or Barrier

NOTE: A SNS category can be identified as both a Need and a Barrier

Calculations

- **Open Cases - ALC Wait Time:** ALC Wait Time for open cases is defined as the time from ALC designation date to the last day of the reporting month, minus any ACE periods†.

Note: ALC wait time is attributed to the discharge destination listed for open ALC cases at the end of each reporting month.

- **Discharged Cases - ALC Wait Time:** ALC Wait Time for discharged cases is defined as the time from ALC designation date to the date of discharge to an ALC discharge destination, minus any ACE periods†.

Note: ALC wait time is attributed to the final discharge destination for discharged ALC cases.

†Acute Care Episodes (ACE)

An Acute Care Episodes (ACE) represents the period of time when the patient’s condition has deteriorated and the designation of ALC is no longer appropriate. A Waitlist Entry (WLE) may have one or more Acute Care Episodes (ACEs). The start date of an Acute Care Episode is the discontinuation date where the reason for discontinuation is a change in medical status. The end date of an Acute Care Episode is the re-designation date. Calculation: ACEs = Count (ACE 1 + ACE 2 + ... + ACE n), where If an ALC WLE does not have any ACEs, ACEs = 0

WHERE DD = MADD,

$$\% \text{ (NO SNS REQUIREMENTS)} = \frac{\text{Volume of Open Cases where DD = MADD and No SNS Requirements are indicated}}{\text{Total Open Cases where DD = MADD}} \times 100\%$$

$$\% \text{ (SNS AS A NEED ONLY (AT LEAST ONE REPORTED; NO BARRIER)} = \frac{\text{Volume of Open Cases where DD = MADD and SNS as a Need Only (No Barriers) is indicated}}{\text{Total Open Cases where DD = MADD}} \times 100\%$$

$$\% \text{ (SNS AS A BARRIER (AT LEAST ONE REPORTED)} = \frac{\text{Volume of Open Cases where DD = MADD and SNS as a Barrier (At Least One Reported) is indicated}}{\text{Total Open Cases where DD = MADD}} \times 100\%$$

WHERE DD ≠ MADD,

$$\% \text{ (NO SNS REQUIREMENTS)} = \frac{\text{Volume of Open Cases where DD ≠ MADD and No SNS Requirements are indicated}}{\text{Total Open Cases where DD ≠ MADD}} \times 100\%$$

$$\% \text{ (SNS AS A NEED ONLY (AT LEAST ONE REPORTED; NO BARRIER)} = \frac{\text{Volume of Open Cases where DD ≠ MADD and SNS as a Need Only (No Barriers) is indicated}}{\text{Total Open Cases where DD ≠ MADD}} \times 100\%$$

$$\% \text{ (SNS AS A BARRIER (AT LEAST ONE REPORTED))} = \frac{\text{Volume of Open Cases where DD} \neq \text{MADD and SNS as a Barrier (At Least One Reported) is indicated}}{\text{Total Open Cases where DD} \neq \text{MADD}} \times 100\%$$

BY SNS CATEGORY,

$$\% \text{ BY SPECIALIZED NEEDS AND SUPPORTS (SNS) AS A NEED/BARRIER} = \frac{\text{Volume of Open Cases where SNS as a Need/Barrier (At Least One Report) is indicated for each discharge destination}}{\text{Total Open Cases for each discharge destination}} \times 100\%$$

Note: SNS at Category level is indicated when at least one of the Sub-Category level SNS is indicated. For example, one Open Case has both Behavioural - 1:1 Support Requirement and Behavioural - Unspecified Requirement indicated. The volume of open case with SNS as Behavioural - 1:1 Support (Sub-Category level), Behavioural - Unspecified (Sub-Category level), and Behavioural Requirement (Category level) is counted as 1 each.

ALC Patient Journey Methodology

DATA SOURCE

Alternate Level of Care data in the Wait Time Information System (WTIS-ALC) as of the 6th business day of the following month
OHaH referral database

WTIS EXCLUSIONS

- ALC Cases discontinued for a reason of 'Data Entry Error'
- ALC Cases that were identified by the Facility for exclusion
- ALC Closed Cases having a calculated ALC length of stay of zero days (ALC Designation Date = ALC Discharge/Discontinuation Date)
- ALC cases having Inpatient Service=Discharge Destination for Post-Acute Care (Exception: Bloorview Rehab, CCC to CCC)

OHAA INCLUSION

- Patients whose Health Card Number is NOT '000000000', '0000000000', '9999999999', or is missing
- The most recent assessment that occurs on or before the selected reporting period

DEFINITIONS

- **Open Case Volume (Still in Hospital Designated ALC within Quarter):** Number of ALC Cases designated or re-designated prior to the end of the reporting month, that are still open as of the last day of the reporting quarter
- **Discharged Case Volume:** Number of ALC cases discharged to an ALC discharge destination prior to the end of the reporting period

- **Discontinued Case Volume:** Number of cases that have been designated or re-designated ALC and whose status is no longer ALC at the end of the reporting period due to one of the following reasons:
 - Change in Destination Invalidates ALC Designation
 - Change in Medical Status
 - Data Entry Error
 - Death
 - Discharge Against Medical Advice
 - Transfer to Acute Care
 - Unplanned Repatriation
- **ALC Wait Time -Total ALC Days:** The total number of ALC days that patients waited (are waiting) for each Discharge Destination in the Patient Journey (stratified by their current or final Discharge Destination)
- **ALC Wait Time -Average:** The total number of ALC Days that patients waited (are waiting) for each Discharge Destination in the Patient Journey divided by the total number of patients designated ALC who waited (are waiting) for each respective Discharge Destination (stratified by their current or final Discharge Destination)
- **ALC Wait Time - Median:** The maximum number of ALC Days that half of patients (50%) waited (are waiting) for each Discharge Destination in Patient Journey (stratified by their current or final Discharge Destination)
- **ALC Wait Time - 90th Percentile:** The maximum number of ALC Days that 90% of patients waited (are waiting) for each Discharge Destination in Patient Journey (stratified by their current or final Discharge Destination)
- **OHaH Status Unknown:** There is no relevant OHaH referral for the corresponding Waitlist Encounter ID (linked by Health Card Number). There are three subgroups of OHaH Status Unknown.
 - a. Unknown - No Active Referral: The patient has at least 1 referral, but all referrals are non-admit.
 - b. Unknown - No Referral: The patient has 0 referrals.
 - c. Unknown - Ineligible: The patient has at least 1 referral that was classified as an admit, but 0 referrals where the ALC admission date was within 30 days after the referral discharge date.
- **OHaH Status Known:** The patient has at least 1 referral that was classified as an admit, where the ALC admission date was within 30 days after the referral discharge date.
- **MAPLe Score:** MAPLe is a decision support tool that can be used to prioritize clients needing community- or facility-based services and to help plan allocation of resources.
[\[maple levels en 0.pdf\]](#)

Calculations

- **Open Cases - ALC Wait Time:** ALC Wait Time for open cases is defined as the time from ALC designation date to the last day of the reporting month, minus any ACE periods†.

Note: ALC wait time is attributed to the discharge destination listed for open ALC cases at the end of each reporting month.

- **Discharged Cases - ALC Wait Time:** ALC Wait Time for discharged cases is defined as the time from ALC designation date to the date of discharge to an ALC discharge destination, minus any ACE periods†.

Note: ALC wait time is attributed to the final discharge destination for discharged ALC cases.

†Acute Care Episodes (ACE)

An Acute Care Episodes (ACE) represents the period of time when the patient's condition has deteriorated and the designation of ALC is no longer appropriate. A Waitlist Entry (WLE) may have one or more Acute Care Episodes (ACEs). The start date of an Acute Care Episode is the discontinuation date where the reason for discontinuation is a change in medical status. The end date of an Acute Care Episode is the re-designation date. Calculation: ACEs = Count (ACE 1 + ACE 2 + ... + ACE n), where If an ALC WLE does not have any ACEs, ACEs = 0

- **Throughput Ratio**

$$\text{THROUGHPUT RATIO FOR ALL DISCHARGE DESTINATIONS} = \frac{\text{Volume of New ALC Designation for all Discharge Destinations}}{\text{Volume of Re-designations for all Discharge Destinations}}$$

Please refer to numerator and denominator definitions in Throughput Ratio Methodology section.

ALC Equity Methodology

DATA SOURCE

Alternate Level of Care data in the Wait Time Information System (WTIS-ALC) as of the 6th business day of the following month

Ontario Marginalization Index (ON-Marg) [[Ontario Marginalization Index \(ON-Marg\) | Public Health Ontario](#)]

Forward Sortation Area [[Forward Sortation Area—Definition](#)]

EXCLUSIONS

- ALC Cases discontinued for a reason of 'Data Entry Error'
- ALC Cases that were identified by the Facility for exclusion
- ALC Closed Cases having a calculated ALC length of stay of zero days (ALC Designation Date = ALC Discharge/Discontinuation Date)
- ALC cases having Inpatient Service=Discharge Destination for Post-Acute Care (Exception: Bloorview Rehab, CCC to CCC)
- ALC cases missing Postal code information

The ALC equity dashboard is based on the Ontario Marginalization Index (ON-Marg) mapping of patient postal codes to dissemination areas grouped into quintiles. Quintiles are ordered from 1 (lowest/least) to 5 (most/highest). Equity indicators reported in this dashboard are based on the Material Resources and Racialized and Newcomer Population dimensions. "The material resources dimension is closely connected to poverty and refers to the inability for individuals and communities to access and attain basic material needs relating to housing, food, clothing, and education. The racialized and newcomer populations dimension measures the proportion of newcomers, and/or non-white, non-Indigenous populations. These communities may experience high levels of racialization and xenophobia." (definitions copied from [ON-Marg Index Map](#))

Note: given ON-MARG is applied to geographic areas, it can only be used as a proxy for an individual's socioeconomic status within that area

DEFINITIONS

- **Open Cases Volume (all sites including AHF/RCC sites):** Number of ALC Cases designated or re-designated prior to the end of the reporting month, that are still open as of the last day of the reporting period.
- **Open Cases Volume at AHF/RCC sites:** Number of ALC Cases designated or re-designated prior to the end of the reporting period at AHF/RCC sites, that are still open as of the last day of the reporting period at AHF/RCC sites
- **Open Cases Volume where DD=MADD:** Number of ALC Cases designated or re-designated prior to the end of the reporting month, that are still open as of the last day of the reporting month where Discharge Destination (DD) is equal to Most Appropriate Discharge Destination (MADD).
- **Open Cases Volume of Long waiters:** Number of ALC Cases designated or re-designated prior to the end of the reporting month, that are still open as of the last day of the reporting month with ALC days greater than or equal to 30 days
- **Open Cases Volume at Non AHF/RCC sites:** Number of ALC Cases designated or re-designated prior to the end of the reporting period at regular sites (excluding AHF/RCC), that are still open as of the last day of the reporting period at regular sites

Calculations

Equity Gap: defined as the percentage difference between the most/highest marginalized quintile and the lowest/least marginalized quintile.

$$\text{EQUITY GAP} = \frac{(\text{5th quintile} - \text{1 quintile})}{\text{1st quintile}} \times 100\%$$

Questions

- For information on access to Health System Insights, visit [HSI Online Help](#)
- For questions related to the ALC Performance Reports or any technical questions related to the methodology or this enhancement, please reach out to ED_ALC_Analytics@ontariohealth.ca

Appendix

Reference list of AHF and RCC site list.

Site number	AHF Site Name
3920	NORTH SHORE HLTH NTWRK-BLIND RIVER SITE
4053	ESPANOLA GENERAL HOSPITAL
4088	WEST HALDIMAND GENERAL HOSPITAL
4127	FOUR COUNTIES HEALTH SERVICES CORP
4147	SENSENBRENNER HOSPITAL
4167	WEST NIPISSING GENERAL HOSPITAL
4169	HOPITAL NOTRE DAME HOSPITAL (HEARST)
4185	LADY MINTO HOSPITAL
4187	MATTAWA GENERAL HOSPITAL
4190	HORNEPAYNE COMMUNITY HOSPITAL
4195	SMOOTH ROCK FALLS HOSPITAL
4201	MANITOULIN HEALTH CENTRE-LITTLE CURRENT
4202	MANITOULIN HEALTH CENTRE-MINDEMOYA UNIT
4203	SERVICES DE SANTE DE CHAPLEAU HLTH SERV
4206	BINGHAM MEMORIAL HOSPITAL
4240	ST JOSEPH'S GENERAL HOSPITAL
4250	LADY DUNN HEALTH CENTRE
4270	ANSON GENERAL HOSPITAL
4690	ST.JOSEPH'S CONTINUING CARE SUDB-SOUTH B
4694	WEENEEBAYKO AREA HEALTH AUTHORITY-ATTAWAPISKAT
4698	WEENEEBAYKO AREA HEALTH AUTHORITY-MOOSE FACTORY
4699	WEENEEBAYKO AREA HEALTH AUTHORITY-MOOSE FACTORY
4700	WEENEEBAYKO AREA HEALTH AUTHORITY-FORT ALBANY
5533	BLANCHE RIVER HEALTH-ENGLEHART
5538	BLANCHE RIVER HEALTH-KIRKLAND LAKE
6668	WINDSOR REGIONAL HOSPITAL-AHF-ST. CLAIR COLLEGE
6688	JOSEPH BRANT HOSPITAL-AHF PANDEMIC RESPONSE
6695	TORONTO EAST HEALTH NETWORK-AHF KEW BEACH
6702	QUEENSWAY CARLETON HOSPITAL-AHF-FAIRFIELD INN
6705	CHATHAM-KENT HEALTH ALLIANCE-AHF ST. CLAIR COLLEGE
6925	ROYAL VICTORIA REGIONAL HEALTH CENTRE-AHF-RVH - IO
6947	QUINTE HEALTH CARE-AHF-QUINTE GARDENS
6968	HAMILTON HEALTH SCIENCES-AHF-KING STREET SITE
6972	BRUYERE CONTINUING CARE INC-AHF-GREYSTONE VILLAGE
6978	ST JOSEPH'S HEALTH CARE SYSTEM-AHF-KING STREET
7077	TORONTO EAST HEALTH NETWORK-AHF-BEACH ARMS
7261	TIMMINS AND DIST. GEN. HOSP-AHF-ST. MARY'S
7273	HEALTH SCIENCES NORTH-AHF AMBERWOOD
7336	OTTAWA HOSPITAL - AHF - WEST END VILLA
7458	HOPITAL MONTFORT - AHF - BEACON HEIGHTS
7472	OTTAWA HOSPITAL - AHF - BEARBROOK RETIREMENT LIVING

7480	SALVATION ARMY TORONTO GRACE HLTH CTR-AHF-TENDER CARE LIVING CENTRE (MCNICOLL MANOR)
7482	SALVATION ARMY TORONTO GRACE HLTH CTR-AHF-QUEENS ESTATE RETIREMENT RESIDENCE
7599	KINGSTON HEALTH SCIENCES CENTRE-AHF-WINDSOR RETIREMENT RESIDENCE (THE)
7600	UNITY HEALTH TORONTO-AHF-WESTON GARDENS RETIREMENT RESIDENCE
7601	UNITY HEALTH TORONTO-AHF-CEDARBROOK
7602	SCARBOROUGH HEALTH NETWORK-AHF-CEDARBROOK LODGE
7603	SCARBOROUGH HEALTH NETWORK-AHF-SUNRISE
7604	PETERBOROUGH REGIONAL HEALTH CENTRE-AHF-RUBIDGE RETIREMENT RESIDENCE
7605	SOUTHLAKE REGIONAL HEALTH CENTRE-AHF-ELDEN
7612	SOUTHLAKE REGIONAL HEALTH CENTRE-AHF-SUNRISE
7614	ORILLIA SOLDIERS' MEMORIAL HOSPITAL-AHF-CHAMPLAIN MANOR RETIREMENT RES
7615	ORILLIA SOLDIERS' MEMORIAL HOSPITAL-AHF-LAKE SIMCOE RETIREMENT RESIDENCE AND ASSIS
7616	ST JOSEPH'S HEALTH CARE SYSTEM-HAMILTON-AHF-ST. JOSEPH'S VILLA
7617	NORTH BAY REGIONAL HEALTH CENTRE-AHF-CARTIER STREET
7618	HAMILTON HEALTH SCIENCES-AHF-ST. JOSEPH'S VILLA
7632	ST.JOSEPH'S CONTINUING CARE SUDB-LASALLE

Site Number	RCC Site Name
4850	HUMBER RIVER HOSPITAL-RCC FINCH
4851	NORTH YORK GENERAL HOSPITAL-RCC FINCH
4852	MARKHAM STOUFFVILLE HOSPITAL-RCC FINCH
4853	SOUTHLAKE REGIONAL HEALTH CENTRE-RCC FINCH
4854	MACKENZIE HEALTH-RCC
4914	HUMBER RIVER HOSPITAL - RCC CHURCH
4915	SUNNYBROOK HEALTH SCIENCE CENTRE RCC CHURCH
5018	SOUTHLAKE REGIONAL HEALTH CENTRE-RCC CHURCH
5019	TRILLIUM HEALTH PARTNERS-RCC CHURCH
5020	UNITY HEALTH TORONTO-RCC CHURCH
5021	WILLIAM OSLER HEALTH SYSTEM-RCC CHURCH
5554	NORTH YORK GENERAL HOSPITAL-RCC BRANSON
88888	ST JOSEPH'S HEALTH CENTER TORONTO-RCC CHURCH