



*Mission - To foster the well being of the people we serve.*  
*Vision - The realization of optimum health for the people in our community through an integrated health care system.*

April 2017- March 2018

On Track	Performance indicator has met or exceeded or is not statistically different from the current period.
Caution	Did not meet the current benchmark but has improved or performance has declined.
Warning	Performance indicator did not meet the benchmark and has not improved the period.

**Performance**  
**Corporate Scorecard: Fiscal Year 2017/18. Data and Goal where available**

	Performance Indicator	2016/17 Totals	Q1 A-J	Q2 J-S	Q3 O-D	Q4 J-M	2017/18 Target Target	Alignment Strategic Plan/ Op Plan/ QIP/ H-SAA	Responsibility	Actions/ Comments
<b>Patient-centred</b>	Acute Care Patient Satisfaction Survey (NRC overall )	74.0%	65.8%	48.6%			Better than provincial average	Operational Plan	PCM Inpatient, CEO/VPs, COS	The change in data systems to Crystal delayed NRCC receiving our patient files. This may be an anomaly but requires close monitoring
	ED Patient Satisfaction Survey (NRC, "Overall how would you rate the care and services you received in the ED")	57.0%	61.7%	64.5%			Better than provincial average	Strat. Plan, Oper. Plan	PCM ED, CEO/VPs, COS	Results will be shared once available
	ED - "Would you recommend this ED to your friends and family?"	65.0%	62.4%	64.5%			75.0%	QIP	PCM ED, VP Patient Care, CNE, COS, CEO	
	Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital?	66.0%	81.1%	89.2%			70.0%	QIP	PCM, ED, Inpatient, VP Patient Care, CNE, VP Clinical Services	
	OBS Patient Satisfaction Survey	80%	85.7%	87.5%			Better than provincial average	Operational Plan	VP, Clinical Services	
<b>Effective-outcomes</b>	C-Section Rate	26.5%	34.3%	Data not available yet			Below 28.4% Ontario avg	in-house stats	VP, Clinical Services	As a Level 1B OBS unit this rate may be higher based on the OBS cases form the quarter
	ED Wait times: 90th percentile ED length of stay for complex	5.73 hours	Q4 5.83 P 5.92SF	P 5.83 SF 6.3			6 hours (per HSAA)	QIP, HSAA	PCM ED VP Patient Care, CNE	
	Percentage of patients that left ED without being seen (CTAS 3-4)	C.B.	4.70%	3.80%			2.5%	in-house audit	VP Patient Care/CNE Chief of Staff PCM ED/ICU	though the metric is still a caution there has been a marked improvement from Q1
	Percentage of patients that left ED without being seen (CTAS 3-4)	C.B.	2.20%	1.90%			2.5%	in-house audit	VP Patient Care/CNE Chief of Staff PCM ED/ICU	
	Readmission within 30 Days, for selected HIG, to any acute	14%(Q1, 2, 3)	Data not available yet	Data not available yet			13.0%	H-SAA	PCM Inpatient, VP Patient Care, CNE	
	Risk-Adjusted 30-Day All-Cause Readmission Rate for Patients	25%	Data not available yet	Data not available yet			21.0%	QIP, LHIN HCT Project	PCM Inpatient, VP Patient Care, CNE, VP Clinical	

	QBP - Elective 825	100% volume	30.00%	46.00%			870	SE LHIN allocation	VP Patient Care, CNE	
	QBP - Non-Elective - 438	100% volume	39.00%	69.00%			348	SE LHIN allocation	VP Patient Care, CNE	
	QPB Cancer	100% volume	24.00%	33.00%			65	CCO allocation	VP Patient Care, CNE	
	QBP Endo - 2169	100% volume	14.00%	43.00%			2282	SE LHIN allocation	VP Patient Care, CNE	
<b>Timeliness</b>	Percent of Priority 2,3 & 4 cases completed within access targets for hip replacements	NA	100.00%	100.00%			90%	H-SAA	VP, Patient Care Services/CNE	
	Percent of Priority 2,3 & 4 cases completed within access targets for knee replacements	NA	92.00%	92.00%			90%	H-SAA	VP Patient Care, CNE	
	Wait Time (Days) - Cataracts		364	279			182 Prov	MOHLTC	VP Patient Care, CNE	Remains red due to volume allocation
	Percent of Priority 2,3 & 4 cases completed within access targets for CT	C.B.	90%	87%			90%	H-SAA	VP, Clinical Services	
<b>Effective</b>	Rate of Hospital Acquired Clostridium Difficile Infections	0.3	0.148	0.4			3.0 per 1000 pt days (0.3)	HSAA/HQO MOH	Manager, Infection Prevention & Control	The cases of c-diff were all attributed to antibiotic usage and there has not been nosocomial spread. This issue will be referred to P&T and antimicrobial stewardship
	SF - Staff Compliance with Hand Hygiene - Moment 1	85%	75.3%	65%			90%	PSP	Manager, Infection Prevention & Control	Moment 1 continues to be a challenge the overall rate of all four moments is very close to target. For October the overall rate was 90%. Moment 1 will
	GWM - Staff Compliance with Hand Hygiene - Moment 1	88%	86.7%	63%			90%	PSP	Manager, Infection Prevention & Control	See above
	Falls/1000 patient days (excluding near misses)	5.86	6.04	7.85			5	PSP	PCM Inpatients	Review increased rat with Move to Improve implementation team
	Patient Safety Events "Good Catch" reporting	18 per quarter	14	24			25 per quarter	PSP	Manager Quality & Risk, CEO	Noted improvement (increase in reporting form Q1 to Q2) Education and awareness of the importance of near miss reporting is ongoing
	Medication Reconciliation at admission	87.0%	89%	88%			95%	PSP, Accreditation, QIP	PCM, Pharmacy., Staff Development Coordinator	Not yet at target but maintained at close to 90 percent
	Medication Reconciliation at discharge	C.B.	66%	82.0%			80%	PSP, Accreditation, QIP	PCM, Pharmacy., Staff Development Coordinator	Marked improvement noted in Q2. This has been a focus of medication management/safety
	Percentage of ALC days	24%	20.0%	17.0%			19%	H-SAA	VP Patient Care, CNE	

	Performance Indicator	16/17	Q1	Q2	Q3	Q4	2017-18 Target	Alignment	Responsibility	Actions/Comments
<b>Effective</b>	Contribution to coordinated care planning for 10% of patients identified with complex needs who are hospitalized.		Data not available	Data not yet available			91 patients	H-SAA	VP, Clinical Services	
	PSFDH Staff Safety: Number of Incidents reported per Quarter	25	26	Data not yet available			24	Occ. Health Services	VP, Clinical Services	
	Absenteeism (days per FTE) (does not include LCSS, LCMH)	2.6 days FTE	2.56	Data not yet available			2.5 days FTE	OHA benchmark	VP, Clinical Services	
	Performance Indicator	16/17	Q1	Q2	Q3	Q4	2017-18 Target	Alignment	Responsibility	Actions/Comments
<b>Patient-centred</b>	Increase the number of major initiatives that strengthen the organizational importance of Patient and Family Advisors and the influence of our Patient and Family Advisory Council (PFAC)	10	Increased recruitment for PFAC	Increased PFAC committee representation			5	Accreditation, QIP	VP Patient Care, CNE	
<b>Our Financial Commitments</b>	Performance Indicator	16/17		Q2	Q3	Q4	2017-18 Target	Alignment	Responsibility	Actions/Comments
	Total Margin	2.20%	0.71%	Data not yet available			0.00%	H-SAA	VP Finance & Support Services	
	Current Ratio	0.30	0.37	0.38			0.35	H-SAA	VP Finance & Support Services	