



*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	Alignment Strategic Plan/ Op Plan/ QIP/ H-SAA	Responsibility	Actions/ Comments
Patient-centred	Acute Care Patient Satisfaction Survey (NRC overall)	74.0%	65.8%	64.1%	66.7%	76.2%	Better than provincial average	Operational Plan	PCM Inpatient, CEO/VPs, COS	Q4 provincial average is 60.2%
	ED Patient Satisfaction Survey (NRC, "Overall how would you rate the care and services you received in the ED")	57.0%	61.7%	56.1%	56.6%	51.2%	Better than provincial average	Strat. Plan, Oper. Plan	PCM ED, CEO/VPs, COS	Provincial avg for Q4 is 49.7%
	ED - "Would you recommend this ED to your friends and family?"	65.0%	62.4%	68.2%	55.6%	56.1%	75.0%	QIP	PCM ED, VP Patient Care, CNE, COS, CEO	Provincial avg for Q4 is 58.8%
	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%	65.0%	88.0%	70.0%	QIP	PCM, ED, Inpatient, VP Patient Care, CNE, VP Clinical Services	Provincial avg for Q4 is 83%
	OBS Patient Satisfaction Survey	80%	85.7%	92.3%	93%	100% (u-2)	Better than provincial average	Operational Plan	VP, Clinical Services	Would recommend. Q3 provincial avg is 70.7%
Effective-outcomes	C-Section Rate	26.5%	34.3%	22%	16%	Data not available yet	Below 28.4% Ontario avg	in-house stats, BORN	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	P 5.67 SF 6.13	P 6.11 SF 6.63	6 hours (per HSAA)	QIP, HSAA	PCM ED VP Patient Care, CNE	Although SF is higher than 6 hours, corporate is still 5.92
	Percentage of patients that left ED without being seen (CTAS 3-4) Smiths Falls	C.B.	4.7%	3.8%	5.1%	4.4%	2.5%	in-house audit	VP Patient Care/CNE Chief of Staff PCM ED/ICU	
	Percentage of patients that left ED without being seen (CTAS 3-4) Perth	C.B.	2.2%	1.9%	2.1%	1.5%	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 inpatient hospital for non-elective patient care. Select CMGs	14%(Q1, 2, 3)	Data not available yet	Data not available yet	Q42016/17 17.1%	Data not available yet	13.0%	H-SAA	PCM Inpatient, VP Patient Care, CNE	
	Risk-Adjusted 30-Day All-Cause Readmission Rate for Patients with COPD (QBP cohort)	25%	Data not available yet	Data not available yet	Data not available yet	Data not available yet	21.0%	QIP, LHIN HCT Project	PCM Inpatient, VP Patient Care, CNE, VP Clinical Services	
	QBP - Elective 825	100% volume	30%	46%	77%	100%	870	SE LHIN allocation	VP Patient Care, CNE	
	QBP - Non-Elective - 438	100% volume	39%	69%	94%	100%	348	SE LHIN allocation	VP Patient Care, CNE	
	QPB Cancer	100% volume	24%	33%	71%	95%	65	CCO allocation	VP Patient Care, CNE	
	QBP Endo - 2169	100% volume	14%	43%	67%	85%	2282	SE LHIN allocation	VP Patient Care, CNE	
Timeliness	Percent of Priority 2,3 & 4 cases completed within access targets for hip replacements	NA	100%	100%	95%	95%	90%	H-SAA	VP, Patient Care Services/CNE	
	Percent of Priority 2,3 & 4 cases completed within access targets for knee replacements	NA	92%	92%	92%	98%	90%	H-SAA	VP Patient Care, CNE	
	Wait Time (Days) - Cataracts		364	279	309	280	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%	90%	85%	87.0%	90%	H-SAA	VP, Clinical Services	CT Volume has increased 19.0% YTD (1104 exams) without any additional clerk hours which is impacting the ability of the clerks to book appointments within the recommended time frames. Additional clerk hours (0.5FTE) have been added to the CT Department for 2018-2019 to ensure appointments are booked within the access targets.
Safe	Rate of Hospital Acquired Clostridium Difficile Infections	0.3	0.148	0.4	0.14	0.56	3.0 per 1000 pt days (0.3)	HSAA/HQO MOH	Manager, Infection Prevention & Control	
	SF - Staff Compliance with Hand Hygiene - Moment 1	85%	75.3%	65%	80%	58%	90%	PSP	Manager, Infection Prevention & Control	Hand hygiene education is being given at mandatory nursing education days, both sites.
	GWM - Staff Compliance with Hand Hygiene - Moment 1	88%	86.7%	63%	74%	78%	90%	PSP	Manager, Infection Prevention & Control	See above

	Falls/1000 patient days (excluding near misses)	5.86	6.04	7.85	7.32	5.8%	5	PSP	PCM Inpatients	
	Patient Safety Events "Good Catch" reporting	18 per quarter	14	24	12	35	25 per quarter	PSP	Manager Quality & Risk, CEO	Noted improvement (increase in reporting from Q1 to Q2) Education and awareness of the importance of near miss reporting is ongoing
	Medication Reconciliation at admission	87.0%	89%	88%	94%	87.0%	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%	80%	77.0%	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%	17.0%	35.0%	19%	H-SAA	VP Patient Care, CNE	
	Performance Indicator	16/17	Q1	Q2	Q3	Q4	2017-18 Target	Alignment	Responsibility	Actions/Comments
Effective	Contribution to coordinated care planning for 100% of patients identified with complex needs who are hospitalized.		7 (7 pts)	17 (17 pts)	11 (11 pts)		91 patients	H-SAA	VP, Clinical Services	
	PSFDH Staff Safety: Number of Incidents reported per Quarter	25	26	Data not yet available	18	39	24	Occ. Health Services	VP, Clinical Services	Q4 - 11 workplace violence reports done
	Absenteeism (days per FTE) (does not include LCSS, LCMH)	2.6 days FTE	2.56	Data not yet available	3.6	2.95	2.5 days FTE	OHA benchmark	VP, Clinical Services	Current YTD is 8.94 days
	Performance Indicator	16/17	Q1	Q2	Q3	Q4	2017-18 Target	Alignment	Responsibility	Actions/Comments
Patient-centred	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	Began planning for safety rounds and patients voices for clinical areas	Safety rounds began with success and patient voice education planned	5	Accreditation, QIP	VP Patient Care, CNE	
Our Financial Commitments	Performance Indicator	16/17		Q2	Q3	Q4	2017-18 Target	Alignment	Responsibility	Actions/Comments
	Total Margin	2.20%	0.71%	1.79%	1.69%	1.33%	1.72%	H-SAA	VP Finance & Support Services	Unbudgeted security costs, high sick leave and overtime
	Current Ratio	0.42	0.37	0.38	0.40	0.37	0.39	H-SAA	VP Finance & Support Services	OR - HVAC costs contributed to shortfall

