



Mission - Providing high quality patient and family centered care built on collaboration and partnerships.
Vision - Exceptional care and patient experience
Every Patient - Every Time



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.

Corporate Scorecard: Fiscal Year 2021/2022 Data and Goal where available

Performance	Performance Indicator	2020/21 Totals	Q1 A-J	Q2 J-S	Q3 O-D	Q4 J-M	2021/22 Target	Alignment Strategic Plan/ Op Plan/ QIP/ H-SAA	Responsibility	Actions/ Comments
-------------	-----------------------	----------------	--------	--------	--------	--------	----------------	---	----------------	-------------------

Strategic Aim I Patient and Family Experience

Patient-Centred	Acute Care Patient Satisfaction Survey - National Research Corporation (NRC overall)	70.0%	74.3%	61.4%	73.7%	59.6%	80%	Operational Plan	Sr. Leadership/Management Team	Complete further analysis with PFAC to determine required improvements
	Internal patient satisfaction surveys for Obstetrics	Collecting Baseline	100.0%	100.0%	100.0%	100.0%	80%	Operational Plan	VP Clinical Services/CNE Manager of Obstetrics	Would you recommend? All checked the "yes" tickbox
	Internal patient satisfaction surveys for Surgical services	Collecting Baseline	99.0%	100.0%	100.0%	97.0%	80%	Operational Plan	VP Clinical Services/CNE Manager of Operating Room	Is there anything we could have done to improve your experience? There was one suggestion and the rest were satisfied.

Strategic Aim II Quality & Safety

Performance Indicator	2020/21 Totals	Q1	Q2	Q3	Q4	2021/22 Target	Alignment	Responsibility	Actions/Comments	
Timeliness	Percent of left without being seen (LWBS) rate for the ED Canadian Triage & Acuity Scale (CTAS) 4-5	0.84%	3.7%	6.64%	4.36%	3.3%	Less than 3%	Operational Plan	VP Clinical Services/CNE Manager of Emergency Dept.	Directly related to increased volumes in the ER
	Percent of left without being seen (LWBS) rate for the ED Canadian Triage & Acuity Scale (CTAS) 1-3	1.6%	1.8%	2.85%	2.40%	1.8%	Less than 3%	Operational Plan	VP Clinical Services/CNE Manager of Emergency Dept.	Directly related to increased volumes in the ER

Trillium Gift of Life Network (TGLN) reporting rate	84.6%	83%	75%	81%	N/A yet	100%	Operational Plan	VP Clinical Services/CNE Manager of Professional Practice	Reporting lag time, data for March not avail until end of April
90th Percentile ED Length of Stay (LOS) for non-admitted high acuity (Canadian Triage & Acuity Scale (CTAS) 1-3)	5.3hrs	5.86	6.02	6.13	6.26	4.5 hrs	HSA	VP Clinical Services/CNE and Manager of ER	Continue to monitor to determine root cause
90th Percentile for ED LOS for non admitted (Canadian Triage & Acuity Scale (CTAS)) IV-V	3.8hrs	3.85	4.6	4.49	4.43	3.5 hrs	HSA	VP Clinical Services/CNE and Manager of ER	Continue to monitor to determine root cause

Performance Indicator		20/21	Q1	Q2	Q3	Q4	2021/2022 Target	Alignment	Responsibility	Actions/Comments
Safety	Medication Reconciliation at discharge	81.5%	93%	92%	91.8%	88.0%	85%	Operational Plan	VP Clinical Services/CNE, Manager Professional Practice	continue to implement new strategies to improve process
	Inpatient Fall rate	Collecting Baseline	5.8	5.9	6.07	7.7	5 Falls or less per 1000 PT days	Operational Plan	VP Clinical Services/CNE and Manager of M/S & Rehabilitation Services	Manager transition
	Percentage of Inpatients Infection Prevention & Control (IPAC) swabs completed within 24hrs of admission	76.0%	86.50	83.30%	73%	73%	80%	Operational Plan	VP Clinical Services/CNE and Manager of M/S & Rehabilitation Services	Drop since Q3, investigating. Q3 and Q4 short staffed IPAC, unable to actively remind staff to complete swabs

Strategic Aim III Engagement

	Performance Indicator	20/21	Q1	Q2	Q3	Q4	2021/2022 Target	Alignment	Responsibility	Actions/Comments
Effective	Percentage of performance appraisal completion	Collecting Baseline	36%	37%	29%	42%	80%	Operational Plan	VP Clinical Services/CNE Manager of Human Resources	Continue to work on strategies for improvement
	Percentage of nursing retention rate	85%	96.6%	97%	98.4%	100%	90%	Operational Plan	VP Clinical Services/CNE Manager of Human Resources	Continue to monitor
	Quality Based Procedures (QBP) - Elective (901)	92%	11%	52%	61%	74%	100.0%	HSA	VP Clinical Services/CNE Manager OR	0 Concerns Reporting is cumulative

Quality Based Procedures (QBP) -- Non-Elective (417)	74%	18%	43%	73%	100.0%	100.0%	HSAA	VP Clinical Services/CNE Manager OR	0 Concerns Reporting is cumulative
Quality Based Procedures (QBP) - Elective - Bundled Care (342)	100%	24%	50.00%	69%	90%	100.0%	HSAA	VP Clinical Services/CNE Manager OR	0 Concerns Reporting is cumulative
Quality Based Procedures (QBP) - Cancer Care Ontario (CCO) - Endoscopy (2,235)	76%	24%	49%	72%	86%	100.0%	HSAA	VP Clinical Services/CNE Manager OR	0 Concerns Reporting is cumulative
Quality Based Procedures (QBP) - Cancer Care Ontario (CCO) - Surgical Non-Elective (85)	100%	32%	45%	81%	115.0%	100.0%	HSAA	VP Clinical Services/CNE Manager OR	0 Concerns Reporting is cumulative

Strategic Aim IV Sustainability

Our Financial Commitments	Performance Indicator	20/21	Q1	Q2	Q3	Q4	2021/2022 Target	Alignment	Responsibility	Actions/Comments
	Total Margin	(-4.3%)	-4.87%	-2.24%	-0.1%	0%	0.27%	HSAA	VP Corporate Services & CFO	
	Current Ratio	0.33	0.91	0.91	0.62	0.84	0.37	HSAA	VP Corporate Services & CFO	