

Senior Leadership Team Scorecard FY14/15



QUALITY						
Indicator	Target	Q1	Q2	Q3	Q4	YTD
C. difficile per 1000 patient days*	0.45	0.23	0.44	0.13		0.26
Medication Reconciliation upon Admission*	80%	48%	44%	40%		43%
Readmission Rate within 30 days (select CMGs)*	17.2%	17.9%	17.8%	9.5%		16.5%
Hand Hygiene Compliance	70%	53%	57%	68%		57%
Central Line BSI Rate per 1000 device days*	0.00	1.35	0	0		0.69
MRSA Bacteremia Rate per 1000 patient days*	0	0	0.0626	0		0.0203
VRE Bacteremia Rate per 1000 patient days*	0	0	0	0		0
VAP per 1000 device days*	0.00	1.89	1.6	0		1.11
Hospital Standardized Mortality Ratio*	TBD	85	74	92		81
30-Day In-Hospital Mortality Following Major Surgery	2	1.19	1.56	1.92		1.46
Low-Risk Caesarean Section Rate	14	21.1	14.9	20.7		18.9
QBP - Cataracts - Unilateral Procedures*	1751	572	525	503		2122 F1
QBP - Chronic Obstructive Pulmonary Disease*	293	84	68	52		280 F1
QBP - Congestive Heart Failure*	465	129	122	121		488 F1
QBP - Hip Fracture	197	42	53	42		197 F1
QBP - Hip Replacement - Unilateral Primary*	155	48	33	40		152 F1
QBP - Knee Replacement - Unilateral Primary*	308	78	69	79		306 F1
QBP - Paediatric - Neonatal Jaundice*	154	39	41	39		167 F1
QBP - Paediatric - Tonsillectomy*	150	35	34	35		144 F1
QBP - Pneumonia*	290	102	68	90		374 F1
QBP - Stroke - Hemorrhage*	14	6	5	0		14 F1
QBP - Stroke - Ischemic or Unspecified*	159	35	38	49		170 F1
QBP - Stroke - Transient Ischemic Attack*	24	11	5	10		30 F1

Legend:

Bold denotes Quality Improvement Plan (QIP) indicators

* denotes Hospital Service Accountability Agreement (HSAA) indicators

F1 denotes Forecasted Year-End Total (Source: FY2014-15 - QBP Volumes Report [Excel])

ACCESS						
Indicator	Target	Q1	Q2	Q3	Q4	YTD
90th Percentile ED LOS Admitted Patients*	30.4	35.6	30.9	40.3		35.4
% Alternate Level of Care Days*	15.4%	18.7%	17.2%	17.0%		17.6%
90th Percentile ED LOS Non-Admit High Acuity*	6.2	7.2	7.2	7.5		7.2
90th Percentile ED LOS Non-Admit Low Acuity*	3.9	4.2	4.2	4.4		4.3
ED Volumes	82000	25,165	24,797	24,101		74,063
Occupancy Rate	TBD	90%	88%	91%		90%
Cancer - % Priority 4 Cases Completed w/in Target*	95%	99%	99%	98%		99%
Cataract - % Priority 4 Cases Completed w/in Target*	95%	98%	99%	99%		98%
Hip - % Priority 4 Cases Completed w/in Target*	75%	77%	91%	73%		78%
Knee - % Priority 4 Cases Completed w/in Target*	70%	93%	79%	71%		81%
MRI - % Priority 4 Cases Completed w/in Target*	65%	75%	65%	31%		56%
CT - % Priority 4 Cases Completed w/in Target*	58%	44%	58%	56%		52%
Wait Time Volumes - MRI Hours (Hours)*	7,944	2,079	2,093	1,915		6,087
Wait Time Volumes - CT Hours (Hours)*	3,896	1,443	1,592	1,532		4,567
Wait Time Volumes - General Surgery (Cases)*	926	208	177	235		620
Wait Time Volumes - H & K Repl. Revisions (Cases)*	19	5	4	1		10
Prov. Programs Volume - Permanent Pacemakers*	121	34	26	38		98
Prov. Programs Volume - Bariatric Surgery*	200	55	49	41		145

VALUE						
Indicator	Target	Q1	Q2	Q3	Q4	YTD
ED Patient Satisfaction (Would you recommend?)*	55.5%	55.7%	54.5%	66.7%		57.1%
Total Margin*	0.0%	-0.2%	1.0%	1.4%		1.4%
Current Ratio*	1.20	1.3	1.2	1.2		1.2
Acute Inpatient Weighted Cases*	22,818	6,144	5,957	5,972		18,073
Ambulatory Care Visits*	226,334	60,506	56,345	59,408		176,259
Day Surgery Weighted Visits*	2,600	840	731	765		2,336
ED Weighted Cases*	4,750	1,389	1,384	1,291		4,064
Inpatient Mental Health Weighted Patient Days*	18,370	3,851	3,742	3,881		11,474
Full Time RN's	71%	76%	79%	79%		79%
Nursing Agency Hours	2.0%	2.4%	2.3%	2.2%		2.2%
Overtime	1.0%	1.0%	1.0%	1.0%		1.0%
Sick Time (Days)	8.4	8.6	9.1	9.3		9.3
WSIB Lost Time Incidents	1.3%	0.12%	0.23%	0.46%		0.27%

Results:

Indicator underperforming target

Indicator within 10% of target

Indicator equal or outperforming target

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