

# Senior Leadership Team Corporate Scorecard FY14/15



QUALITY						
Indicator	Target	Q1	Q2	Q3	Q4	YTD
<b>C. difficile per 1000 patient days*</b>	0.45	0.23	0.44	0.13	0.48	0.32
<b>Medication Reconciliation upon Admission*</b>	80%	48%	44%	40%	60%	43%
<b>Readmission Rate within 30 days (select CMGs)*</b>	17.2%	17.9%	17.8%	14.6%	15.2%	16.6%
Hand Hygiene Compliance	70%	53%	57%	68%	61%	58%
Central Line BSI Rate per 1000 device days*	0.0	1.35	0	0	0	0.69
MRSA Bacteremia Rate per 1000 patient days*	0.0	0	0.0626	0	0	0.0203
VRE Bacteremia Rate per 1000 patient days*	0.0	0	0	0	0	0
VAP per 1000 device days*	0.0	1.89	1.6	0	0	1.11
Hospital Standardized Mortality Ratio*	TBD	85	74	92	72	81
30-Day In-Hospital Mortality Following Major Surgery	2.0	1.19	1.56	1.92	1.81	1.46
Low-Risk Caesarean Section Rate	14.0	21.1	14.9	20.7	17.6	18.6
QBP - Cataracts - Unilateral Procedures*	1751	569	524	564	517	2174
QBP - Chronic Obstructive Pulmonary Disease*	293	84	68	81	88	321
QBP - Congestive Heart Failure*	465	129	122	131	123	505
QBP - Hip Fracture	197	42	53	40	44	179
QBP - Hip Replacement - Unilateral Primary*	155	48	33	40	41	162
QBP - Knee Replacement - Unilateral Primary*	308	75	69	78	86	308
QBP - Paediatric - Neonatal Jaundice*	154	39	41	37	40	157
QBP - Paediatric - Tonsillectomy*	150	35	34	35	36	140
QBP - Pneumonia*	290	102	68	100	122	392
QBP - Stroke - Hemorrhage*	14	6	5	3	5	19
QBP - Stroke - Ischemic or Unspecified*	159	35	38	46	44	163
QBP - Stroke - Transient Ischemic Attack*	24	11	5	9	6	31

ACCESS						
Indicator	Target	Q1	Q2	Q3	Q4	YTD
<b>90th Percentile ED LOS Admitted Patients*</b>	30.4	35.6	30.9	40.3	44.1	38.7
<b>% Alternate Level of Care Days*</b>	15.4%	18.7%	17.2%	17.0%	18.9%	17.6%
90th Percentile ED LOS Non-Admit High Acuity*	6.2	7.2	7.2	7.5	7.2	7.2
90th Percentile ED LOS Non-Admit Low Acuity*	3.9	4.2	4.2	4.4	4.3	4.3
ED Volumes	82000	25,165	24,797	24,101	22,702	96,765
Occupancy Rate	TBD	90%	88%	91%	95%	91%
Cancer - % Priority 4 Cases Completed w/in Target*	95%	99%	99%	98%	100%	99%
Cataract - % Priority 4 Cases Completed w/in Target*	95%	98%	99%	99%	96%	98%
Hip - % Priority 4 Cases Completed w/in Target*	75%	77%	91%	73%	75%	78%
Knee - % Priority 4 Cases Completed w/in Target*	70%	93%	79%	71%	100%	81%
MRI - % Priority 4 Cases Completed w/in Target*	65%	75%	65%	31%	20%	56%
CT - % Priority 4 Cases Completed w/in Target*	58%	44%	58%	56%	50%	52%
Wait Time Volumes - MRI Hours (Hours)*	7,944	2,171	2,196	2,005	2,077	8,449
Wait Time Volumes - CT Hours (Hours)*	3,896	1,443	1,592	1,532	1,560	6,127
Wait Time Volumes - General Surgery (Cases)*	926	208	177	158	240	783
Wait Time Volumes - H & K Repl. Revisions (Cases)*	19	5	4	1	3	13
Prov. Programs Volume - Permanent Pacemakers*	121	34	26	38	34	132
Prov. Programs Volume - Bariatric Surgery*	200	55	49	41	61	206

VALUE						
Indicator	Target	Q1	Q2	Q3	Q4	YTD
<b>ED Patient Satisfaction (Would you recommend?)*</b>	55.5%	55.7%	53.8%	66.7%	53.0%	56.8%
<b>Total Margin*</b>	0.0%	-0.2%	1.0%	1.4%	4.0%	4.0%
Current Ratio*	1.20	1.3	1.2	1.2	1.5	1.5
Acute Inpatient Weighted Cases*	22,818	6,159	5,961	5,849	5,904	23,873
Ambulatory Care Visits*	226,334	64,174	60,289	63,673	61,559	249,695
Day Surgery Weighted Visits*	2,600	840	731	785	741	3,097
ED Weighted Cases*	4,750	1,389	1,385	1,347	1,276	5,397
Inpatient Mental Health Weighted Patient Days*	18,370	3,737	3,788	6,252	4,309	18,086
Full Time RN's	71%	76%	79%	79%	79%	79%
Nursing Agency Hours	2.0%	2.4%	2.3%	2.2%	2.4%	2.3%
Overtime	1.0%	1.0%	1.0%	1.0%	1.1%	1.1%
Sick Time (Days)	8.4	8.6	9.1	9.3	9.5	9.5
WSIB Lost Time Incidents	1.3%	0.12%	0.20%	0.17%	0.17%	0.17%

### Legend:

**Bold denotes Quality Improvement Plan (QIP) indicators**

\* denotes Hospital Service Accountability Agreement (HSAA) indicators

F1 denotes Forecasted Year-End Total (Source: FY2014-15 - Accountability Indicators [Excel])

### Results:

Indicator underperforming target

Indicator within 10% of target

Indicator equal or outperforming target

R
Y
G