

Q2 Corporate Scorecard FY16/17



Quality						
Indicator	Target	Q1	Q2	Q3	Q4	YTD
C. difficile per 1000 patient days*	0.35	0.44	0.27			0.35
Medication Reconciliation upon Admission*	85.0%	60.2%	59.3%			58.6%
Readmission Rate within 30 days (select CMGs)*	18.7%	22.2%	22.9%			21.5%
Hand Hygiene Compliance	75.0%	68.4%	72.4%			70.5%
Central Line BSI Rate per 1000 device days	0.0	0	0			0
MRSA Bacteremia Rate per 1000 patient days	0.0	0.00	0.08			0.04
VRE Bacteremia Rate per 1000 patient days	0.0	0.03	0			0.01
VAP per 1000 device days	0.0	0	0			0
Hospital Standardized Mortality Ratio	100	98	116			102
30-Day In-Hospital Mortality Following Major Surgery^	1.4	2.3	1.4			2.2
Low-Risk Caesarean Section Rate	14.0%	18.0%	19.0%			18.4%
QBP - Chronic Obstructive Pulmonary Disease*	293	72	65			137
QBP - Congestive Heart Failure*	465	120	107			227
QBP - Pneumonia*	290	96	62			158
QBP - Stroke - Hemorrhage*	14	5	5			10
QBP - Stroke - Ischemic or Unspecified*	159	45	35			80
QBP - Stroke - Transient Ischemic Attack*	24	9	4			13
QBP - Paediatric - Neonatal Jaundice*	154	57	51			108
QBP - Paediatric - Tonsillectomy*	150	25	21			46
QBP - Cataracts - Unilateral Procedures*	1,847	573	476			1049
QBP - Hip Fracture*	197	61	44			105
QBP - Hip Replacement - Unilateral Primary*	159	28	35			63
QBP - Knee Replacement - Unilateral Primary*	316	91	54			145
QBP - Knee Arthroscopy*	309	88	76			164

ACCESS						
Indicator	Target	Q1	Q2	Q3	Q4	YTD
90th Percentile ED LOS Admitted Patients* (hours)	38.7	43.2	37.7			40.6
ALC Rate*	16.4%	21.0%	20.7%			21.0%
90th Percentile Time to Inpatient Bed	20.0	33.2	28			33.2
90th Percentile ED LOS Non-Admit High Acuity*	6.2	7.3	7.1			7.3
90th Percentile ED LOS Non-Admit Low Acuity*	3.9	4.2	4.3			4.2
ED Volumes	100,000	25,947	25,636			51,583
Occupancy Rate	93%	92%	93%			92%
Cancer - % Priority 2-4 Cases Completed w/in Target*	95%	86%	81%			84%
Cataract - % Priority 2-4 Cases Completed w/in Target*	95%	61%	53%			57%
Hip - % Priority 2-4 Cases Completed w/in Target*	90%	86%	71%			78%
Knee - % Priority 2-4 Cases Completed w/in Target*	90%	82%	81%			82%
MRI - % Priority 2-4 Cases Completed w/in Target*	90%	25%	25%			25%
CT - % Priority 2-4 Cases Completed w/in Target*	90%	81%	81%			81%
Wait Time Volumes - MRI Hours (Hours)*	7,096	2,116	4,284			6,400
Wait Time Volumes - CT Hours (Hours)*	3,922	1,638	3,738			5,376
Wait Time Volumes - General Surgery (Cases)*	956	259	87			346
Wait Time Volumes - H & K Repl. Revisions (Cases)*	29	5	6			11
Prov. Programs Volume - Permanent Pacemakers*	131	24	23			47
Prov. Programs Volume - Bariatric Surgery*	245	47	72			119

VALUE						
Indicator	Target	Q1	Q2	Q3	Q4	YTD
ED Patient Satisfaction (Overall quality of ED care)	TBD	37.3%	37.7%			37.5%
Total Margin*	1.3%	-1.6%	-0.5%			-0.4%
Current Ratio*	1.2	1.1	1.0			1.0
Acute Inpatient Weighted Cases* (HIG)	25,000	6791	6139			12,930
Day Surgery Weighted Visits* (HIG)	3,360	756	639			1,395
Ambulatory Care Visits*	249,663	67,470	61,375			128,845
ED Weighted Cases*	5,186	1,191	1,201			2,392
Inpatient Mental Health Weighted Patient Days*	17,663	4,488	4,453			8,941
Full Time RN's	71%	75%	75%			75%
RN Nursing Agency Hours	2.0%	4.7%	4.8%			4.8%
Overtime	1.1%	1.0%	1.2%			1.2%
Sick Time (Days)	10.2	8.7	9.2			9.2
WSIB Lost Time Incidents	1.3%	0.09%	0.09%			0.09%

Legend:
Bold denotes Quality Improvement Plan (QIP) indicators
 * denotes Hospital Service Accountability Agreement (HSAA) indicators
 F1 denotes estimates based on: September Data
 F2 New methodology related to patient experience introduced by NRCC this fiscal year Q1 data revised.
 No historical data or target available
 F3 HSMR for current quarter is incomplete due to coding delay number reflects July and August data only

Results:
 Indicator underperforming target 27 R
 Indicator within 10% of target 10 Y
 Indicator equal or outperforming target 18 G