Q3 Corporate Scorecard FY16/17

Quality

Indicator	Target	Q1	Q2	Q3	Q4	YTD	
C. difficile per 1000 patient days*	0.35	0.44	0.27	0.32		0.34	
Medication Reconciliation upon Admission*	85.0%	60.2%	59.3%	63.3%		58.6%	
Readmission Rate within 30 days (select CMGs)*	18.7%	22.2%	17.3%	23.9%		19.4%	F1
Hand Hygiene Compliance	75.0%	68.4%	72.4%	66.8%		69.3%	
Central Line BSI Rate per 1000 device days	0.0	0	0	0		0	
MRSA Bacteremia Rate per 1000 patient days	0.0	0.00	0.00	0.03		0.01	
VRE Bacteremia Rate per 1000 patient days	0.0	0.03	0	0.03		0.02	
VAP per 1000 device days	0.0	0	0	0		0	
Hospital Standardized Mortality Ratio	100	99	102	n/a		99	F3
30-Day In-Hospital Mortality Following Major Surgery^	1.4	2.4	1.5	n/a		1.9	F1
Low-Risk Caesarean Section Rate	14.0%	18.0%	18.0%	14.4%		17.2%	
QBP - Chronic Obstructive Pulmonary Disease*	293	72	58	86		216	F1
QBP - Congestive Heart Failure*	465	120	91	120		331	F1
QBP - Pneumonia*	290	94	76	99		269	F1
QBP - Stroke - Hemorrhage*	14	7	7	7		21	F1
QBP - Stroke - Ischemic or Unspecified*	159	43	38	39		120	F1
QBP - Stroke - Transient Ischemic Attack*	24	10	5	7		22	F1
QBP - Paediatric - Neonatal Jaundice*	154	57	72	28		157	F1
QBP - Paediatric - Tonsillectomy*	150	25	29	15		69	F1
QBP - Cataracts - Unilateral Procedures*	1,847	573	527	494		1594	F1
QBP - Hip Fracture*	197	61	44	41		146	F1
QBP - Hip Replacement - Unilateral Primary*	159	28	31	40		99	F1
QBP - Knee Replacement - Unilateral Primary*	316	91	72	92		255	F1
QBP - Knee Arthroscopy*	309	88	66	88		242	F1

ACCESS

Indicator	Target	Q1	Q2	Q3	Q4	YTD	
90th Percentile ED LOS Admitted Patients* (hours)	38.7	43.2	37.7	39.5		40.6	
ALC Rate*	16.4%	21.0%	20.7%	20.0%		21.0%	
90th Percentile Time to Inpatient Bed	20.0	33.2	28	29.6		30	
90th Percentile ED LOS Non-Admit High Acuity*	6.2	7.3	7.1	6.9		7.1	
90th Percentile ED LOS Non-Admit Low Acuity*	3.9	4.2	4.3	4.3		4.3	
ED Volumes	100,000	25,947	25,636	25,235		76,818	
Occupancy Rate	93%	92%	93%	91%		91%	
Cancer - % Priority 2-4 Cases Completed w/in Target*	95%	86%	81%	88%		85%	
Cataract - % Priority 2-4 Cases Completed w/in Target*	95%	61%	53%	53%		56%	
Hip - % Priority 2-4 Cases Completed w/in Target*	90%	86%	71%	85%		81%	
Knee - % Priority 2-4 Cases Completed w/in Target*	90%	82%	81%	80%		81%	
MRI - % Priority 2-4 Cases Completed w/in Target*	90%	25%	24%	23%		24%	
CT - % Priority 2-4 Cases Completed w/in Target*	90%	81%	81%	85%		82%	
Wait Time Volumes - MRI Hours (Hours)*	7,096	2,116	2,168	2,041		6,325	
Wait Time Volumes - CT Hours (Hours)*	3,922	1,638	2,100	1,258		4,996	
Wait Time Volumes - General Surgery (Cases)*	956	255	169	155		579	F1
Wait Time Volumes - H & K Repl. Revisions (Cases)*	29	5	6	4		15	F1
Prov. Programs Volume - Permanent Pacemakers*	131	24	23	25		72	
Prov. Programs Volume - Bariatric Surgery*	245	47	72	67		186	

VALUE

Indicator	Target	Q1	Q2	Q3	Q4	YTD	
ED Patient Satisfaction (Overall quality of ED care)	TBD	37.3%	39.4%	45.4%		42.1%	F2
Total Margin*	1.3%	-1.6%	-0.5%	-0.6%		-0.4%	
Current Ratio*	1.2	1.1	1.0	0.8		0.8	
Acute Inpatient Weighted Cases* (HIG)	25,000	6791	6139	6504		19,434	
Day Surgery Weighted Visits* (HIG)	3,360	756	608	695		2,059	
Ambulatory Care Visits*	249,663	67,470	61,375	63,823		192,668	
ED Weighted Cases*	5,186	1,191	1,182	1,182		3,555	
Inpatient Mental Health Weighted Patient Days*	17,663	4,488	4,553	4,645		13,686	
Full Time RN's	71%	75%	74%	74%		74%	
RN Nursing Agency Hours	2.0%	4.7%	4.8%	4.2%		4.2%	
Overtime	1.1%	1.0%	1.2%	1.1%		1.1%	
Sick Time (Days)	10.2	8.7	9.2	9.5		9.5	
WSIB Lost Time Incidents	1.3%	0.09%	0.09%	0.09%		0.09%	

Results:

Number of Indicators underperforming target	23	R
Number of Indicator within 10% of target	12	Y
Number of Indicator equal or outperforming target	20	G

Legend:

Bold denotes Quality Improvement Plan (QIP) indicators

* denotes Hospital Service Accountability Agreement (HSAA) indicators

F1 30-Day In-hospital mortality following major surgery results reflect data submitted to CIHI for all discharges to end of

F2 New methodology related to patient experience introduced by NRCC this fiscal year Q1 data revised.

No historical data or target available

F3 HSMR results reflect data submitted to CIHI for all discharges to end of October. Q3 result not reported because two months