



CORPORATE SCORECARD 2023/2024

Vision: Exceptional Care. Always.

Mission: Our Team collaborates to provide exceptional patient-centered care

Values: *ICARE Integrity - Compassion - Accountability - Respect - Engagement*

Instructions: Clicking on the indicator takes the user to additional supporting details.

RECOVERY

Indicator	Reference	Q1	Q2	Q3	Q4
Clostridium Difficile (C.Diff) Incidence	HSAA/MoHLTC	Y	R	G	G
Current Ratio	HSAA	N/A	N/A	R	G
Emergency Visits - Wait Time for Inpatient Bed (TIB)	QIP/OPT	G	G	G	G
Emergency Visits - Wait Time for Non-Admitted High Acuity	HSAA/OPT	Y	R	G	G
Emergency Visits - Wait Time for Non-Admitted Low Acuity	HSAA/OPT	Y	R	G	G
Falls per 1,000 Patient Days	Senior Friendly	G	G	G	G
Readmissions within 30-Days for Select HIG Conditions	HSAA	G	G	G	G
Repeat ED Mental Health Visits	QIP/HSAA/MSAA	G	G	G	G
Typical Average Length of Stay (ALOS) for Hospitalists	Board/OPT	G	G	Y	Y
Total Margin	HSAA	N/A	N/A	R	G
Wait Time - CT Scans (Priority 2, 3, 4)	HSAA	R	Y	R	R
**Wait Time - CT Scans (Priority 2, 3)	Board	Y	G	G	G
Wait Time - Long Waiters for All Surgical Procedures	HSAA	G	G	G	G
Wait Time - MRI Scans (Priority 2, 3, 4)	HSAA	R	R	R	R
**Wait Time - MRI Scans (Priority 2, 3)	Board	R	G	G	G

Results:

Metric underperforming target
Metric within 10% of target
Metric equal to or outperforming target
Data not available

R
Y
G
N/A

Overall Indicator Performance:

% Indicators equal to or outperforming targets:
% Indicators within 10% of targets:
% Indicators underperforming targets:

	Q1	Q2	Q3	Q4
% Indicators equal to or outperforming targets:	43%	62%	57%	70%
% Indicators within 10% of targets:	33%	10%	17%	17%
% Indicators underperforming targets:	24%	29%	26%	13%

Reference Definitions:

Accreditation - Accreditation Canada
Board - Board Directed
HSAA - Hospital Services Accountability Agreement
MoHLTC - Public Reporting Requirement; Ministry directive
MSAA - Multi-Sector Service Accountability Agreement
OPT - (Annual) Operating Plan Target
Senior Friendly - Senior Friendly Initiative (HSAA)
QIP - Quality Improvement Plan

INTEGRATION

Indicator	Reference	Q1	Q2	Q3	Q4
ALC Throughput	HSAA	G	Y	Y	Y
Discharge Summary Sent to Primary Care Within 48 Hours	QIP	Y	G	G	G
Incomplete Charts	Board	R	R	G	G
Medication Scanning Compliance	QIP	R	R	R	R
Medication Reconciliation on Discharge Rate (ROP)	QIP/Accreditation	Y	G	Y	Y

PEOPLE

Indicator	Reference	Q1	Q2	Q3	Q4
Complaints Acknowledged	Board	G	G	G	G
Indigenous Cultural Awareness	HSAA	G	G	Y	G
Workplace Violence Prevention - Incidents	QIP	Y	G	R	Y