

CORPORATE SCORECARD 2021/2022

Vision: Exceptional Care. Always.

Mission: Our health care 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.

| PATIENT INSPIRED CARE | | | | | |
|---|-----------------|----|----|----|-----|
| Indicator | Reference | Q1 | Q2 | Q3 | Q4 |
| ALC Rate | HSAA | R | R | R | R |
| Complaints Acknowledged | Board | Y | G | G | G |
| Falls per 1,000 Patient Days | Senior Friendly | R | G | Y | G |
| Patient Experience Survey: Information | QIP | R | Y | R | Y |
| Readmissions within 30-Days for Select HIG Conditions | HSAA | Y | Y | G | G |
| Repatriate Patients within 48-Hours Rate | HSAA | R | R | R | R |
| Repeat ED Mental Health Visits | QIP/HSAA/MSAA | G | G | G | G |
| Repeat ED Substance Abuse Visits | HSAA/MSAA | G | G | G | G |
| Same Day Discharge to Home Care Rate | HSAA | G | G | G | N/A |

| <u>Results:</u> |
|-----------------|
|-----------------|

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



| PARTNERING FOR PATIENT SAFETY AND QUALITY OUTCOMES | | | | | | |
|--|-------------------|----|----|----|----|--|
| Indicator | Reference | Q1 | Q2 | Q3 | Q4 | |
| Acute Average Length of Stay for Hospitalists (Exclude ALC Days) | Board/OPT | R | R | Y | R | |
| Clostridium Difficile (C.Diff) Incidence | HSAA/MoHLTC | G | G | G | G | |
| Discharge Summary Sent to Primary Care Within 48 Hours | QIP | Y | G | G | Y | |
| Elective Repeat Low Risk C-Section (>37weeks) Rate | HSAA/Board | G | G | G | G | |
| Emergency Visits - Wait Time for Inpatient Bed (TIB) | QIP/OPT | G | R | R | R | |
| Emergency Visits - Wait Time for Non-Admitted High Acuity | HSAA/OPT | G | Y | Y | Y | |
| Emergency Visits - Wait Time for Non-Admitted Low Acuity | HSAA/OPT | R | R | R | R | |
| Incomplete Charts | Board | R | Y | G | G | |
| Indication of Induction Post-Dates (<41 Weeks) Rate | HSAA | R | G | G | G | |
| Inpatients Receiving Care in Unconventional Spaces/Day | QIP | G | G | G | G | |
| Medication Reconciliation on Discharge Rate (ROP) | QIP/Accreditation | Y | Y | G | Y | |
| Inpatient PODS (Patient Oriented Discharge Summary) Rate | Board | G | G | G | G | |
| Smoking Cessation Rate | HSAA | G | G | G | G | |
| Wait Time - CT Scans (Priority 2, 3, 4) | HSAA | R | R | G | R | |
| **Wait Time - CT Scans (Priority 2, 3) | Board | G | G | G | G | |
| Wait Time - Hip Replacement | HSAA | R | R | R | R | |
| Wait Time - Knee Replacement | HSAA | R | R | R | R | |
| Wait Time - MRI Scans (Priority 2, 3, 4) | HSAA | R | R | R | R | |
| **Wait Time - MRI Scans (Priority 2, 3) | Board | G | G | G | G | |

| Overall | Indicator | Performance: | |
|---------|-----------|--------------|--|
| | | | |

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

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

OPERATIONAL EXCELLENCE THROUGH INNOVATION Indicator Reference Q2 Q3 Q4 Q1 Current Ratio Υ Y HSAA G G Overtime Rate HSAA R R R Total Margin HSAA Υ G

| OUR TEAM OUR STRENGTH | | | | | |
|---|-----------|----|----|----|----|
| Indicator | Reference | Q1 | Q2 | Q3 | Q4 |
| Absenteeism | Board | R | R | R | Y |
| Indigenous Cultural Awareness | HSAA | G | G | R | G |
| Workplace Violence Prevention - Incidents | QIP | R | R | R | R |



| | Q1 | Q2 | Q3 | |
|---|-----|-----|-----|---|
| c | 36% | 42% | 52% | 5 |
| | 15% | 21% | 9% | 1 |

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