

**Balanced Scorecard FY 2021-22 Q1**

Strategic Priority	Indicator	2021-22					
		Target	Q1	Q2	Q3	Q4	YTD
<b>STAKEHOLDERS AND COMMUNITY</b>							
Integrated Campus of Care	Number of innovators in residence	1/yr	N/A				N/A
Bold Partnerships	Number of new strategic partnerships	1/yr	N/A				N/A
	Develop combined QIP integration indicator to be defined among OHT partners	TBD	In Development				
<b>CLINICAL EXCELLENCE</b>							
Exemplary Care	*Percent CCC patients rating overall quality of care/services excellent or good	A: 79%					68%
	**Percent Rehab patients who received enough information when leaving the hospital (top box)	A: 60%	56%				56%
	Number of virtual care encounters (OTN, TIPs)	A: 193 Q: 48	217				217
	Early identification: documented assessment of needs for palliative care patients	50%	100%				100%
	Meet Accreditation Canada high priority unmet standards: Health Record keeping auditing practices	100%	In Progress				In Progress
	Meet Accreditation Canada high priority unmet standards: CSR quality initiatives	100%	100%				100%
	Percent Rehab patients overall rating of hospital is 9 or 10	62%	64%				64%
	Percent of complaints acknowledged within 2 business days	>=95%	100%				100%
	Percent of discharge summaries sent to primary care provider within 2 days	>=90%	93%				93%
	Eliminate relevant never event of new stage 3 or 4 pressure injury	A: 36 Q: 9	0				0
	Percent of patients who had medication reconciliation at discharge	95% (90%)	99%				99%
	Referral response time - 90th percentile	2 days	2				2
	Hand hygiene compliance rate before initial patient contact	92%(-5%)	99%				99%
	C. difficile infection (CDI) rate per 1000 patient days	0(0.06)*	0				0
Percent of Alternate Level of Care (ALC) days of total days	1.04% (<=2.0%)*	1.19%				1.19%	
<b>OUR PEOPLE AND ORGANIZATIONAL CAPACITY</b>							
A Great Place To Be	Number of workplace violence incidents involving workers	A: 24 Q: 6	4				4
	Voluntary staff turnover	7.07%	3.8				3.8
	External time to fill	60 days	33 days				33 days
	Performance appraisal completion rate	75%	30%				30%
	† Number of volunteer hours	>4000	539				539
	WSIB NEER performance index	1	N/A				N/A
	Percent sick time hours to total full-time earned hours	5.10%	3.62%				3.62%
	Percent overtime hours to total earned hours	2.50%	5.91%				5.91%
<b>FINANCIAL CAPACITY</b>							
Operational Excellence	CCC weighted patient days	57,033 (52,470)*	14,953				14,953
	† Rehabilitation weighted cases	A:1,392 (1,183)*	339				339
	† Rehabilitation patient days	35,625 (>=33,488)*	8,447				8,447
	† Ambulatory Clinic visits	12,780 (9,585)*	2,529				2,529
	Current ratio	1.07:1 (0.8-2.0)*	1.75:1				1.75:1
	† Outpatient hip replacement volumes (discharges)	A: 84 Q:21	3				3
	† Outpatient knee replacement volumes (discharges)	A: 159 Q:40	12				12
	Surplus/deficit from hospital operations	\$20,212	(\$80,917)				(\$80,917)
	Total surplus/deficit	\$1,991,978	(\$383,671)				(\$383,671)
	Total margin	0(>=0%)	1.85%				1.85%
	Contribution (\$) from Business Enterprises (Assessment Centre)	\$480,928	\$119,923				\$119,923
Total value of innovation grants awarded	TBD	In Development					

**Legend:**

2020-21 Quality Improvement Plan
Hospital Service Accountability Agreement (H-SAA) Indicators
A: Annual Target
Q: Quarterly Target
* FY2019-20 survey results
** Rolling 4 quarters

**Results:**

G	Meeting target
Y	Below target/within corridor - requires monitoring
R	Below target/outside corridor - requires action
N/A	Updated results are not available
†	Impact of COVID-19 response