



Balanced Scorecard

Apr. 1, 2010 - Mar. 31, 2011

Balanced Scorecard

Introduction

This document presents West Park Healthcare Centre's Balanced Scorecard for the period from April 1st, 2010 to March 31st, 2011, highlighting the Centre's performance across its five strategies, organized by four quadrants of reporting: Our Stakeholders and Community; Clinical Excellence; Our People and Organizational Capacity; Financial Capacity

The centre's Strategy Map (page 3) provides context for the scorecard highlighting how our five strategic priorities span our scorecard quadrants, and the key performance activities supporting the achievement of each strategy.

Reporting

The Balanced Scorecard will be reported three times annually. Reporting of key indicators lags due to the time required to collect and analyze data for the scorecard. The reporting schedule for the scorecard is as follows:

January: presents cumulative data up to the end of Quarter 2 for the fiscal year

May: presents cumulative data up to the end of Q3 for the fiscal year

September: presents full-year data for the fiscal year

January & May Reports

Only those indicators where current data is available are presented.

Data is compared to the same period of the previous year.

Targets are adjusted for midyear and third quarter reporting.

Management will provide commentary to the Board through verbal reports.

September Report

The September report presents annual performance results for the organization.

Detailed indicator reporting will be provided for indicators requiring monitoring or improvement.


Targets and Comparators


Targets or comparators are available for some indicators. For indicators where targets have been established, a "(T)" next to the value in the Targets/Comparator column indicates that the value is a target. All targets are internally established unless the indicator is noted to be an H-SAA indicator. Comparators represent either peer averages or a comparison to the Centre's historical performance.


Legend

Quantitative data is provided for each indicator within the scorecard. In addition, colours and arrows describe indicator performance. Arrows denote the change in performance over the previous time period, while colours reflect performance relative to the target or comparator. The legend for the colours and arrows used in indicator reporting is as follows:


Arrow Direction

 Upward pointing arrow indicates that performance has improved over the previous period


 Sideways pointing arrow indicates that performance has not changed over the previous period

 Downward pointing arrow indicates that performance has declined over the previous period

Colour

 Green colour indicates that indicator performance is meeting or exceeding targets or is in-line with the comparator

 Yellow colour indicates that performance is slightly below targets / comparators and requires monitoring

 Red colour indicates that performance is below targets and performance corridor or is significantly below the comparator and requires immediate attention

 White colour is used where a performance target or comparator does not exist

Glossary of Acronyms

The following acronyms are used for indicators in the Balanced Scorecard

ALC	Alternate Level of Care	H-SAA	Hospital Service Accountability Agreement
CCC	Complex Continuing Care	IT	Information Technology
CMI	Case Mix Index	LOS	Length of Stay
EPR	Electronic Patient Record	L-SAA	Long-Term Care Service Accountability Agreement
FIM	Functional Independence Measure	LTC	Long-Term Care
FTE	Full Time Equivalent	RCG	Rehabilitation Client Group

Strategy Map

OUR VISION: Exemplary care inspired by innovation and exceptional performance.
OUR MISSION: We enhance lives, inspire hope and encourage independence through caring relationships, leading practices, specialized services and partnership.

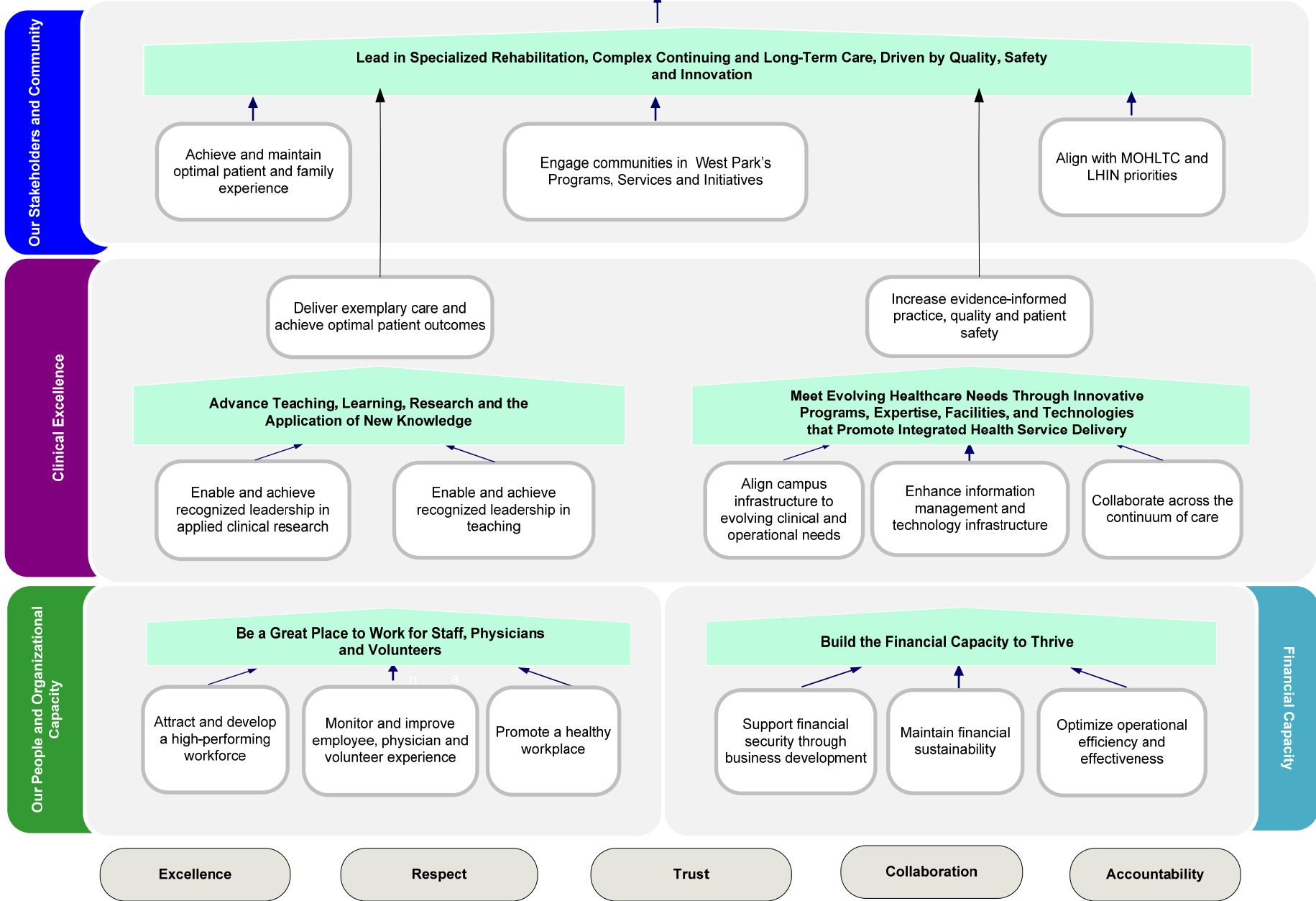
Our strategy map identifies how we aim to achieve our vision and mission. Achieving our strategic priorities will:

Enable us to meet the needs of our patients and health system partners

Build a foundation to deliver the best care for our patients

Support our people and create capacity to build a foundation for success

Our values define how we work...



Executive Summary

Key Performance Areas by Quadrant & Strategy at March 31st, 2011

Status

Our Stakeholders and Community (Page 5)



Lead in Specialized Rehabilitation, Complex Continuing and Long-Term Care, Driven by Quality, Safety & Innovation

Achieve and maintain optimal patient and family experience

Align with MOHLTC and LHIN priorities

Clinical Excellence (Page 5)



Lead in Specialized Rehabilitation, Complex Continuing and Long-Term Care, Driven by Quality, Safety & Innovation

Deliver exemplary care and achieve optimal patient outcomes

Increase evidence-informed practice, quality, and patient safety

Enable and achieve recognized leadership in applied clinical research

Our People and Organizational Capacity (Page 6)



Be a Great Place to Work for Staff, Physicians and Volunteers

Attract and develop a high-performing workforce

Promote a healthy workplace

Financial Capacity (Page 6)



Build the Financial Capacity to Thrive

Maintain financial sustainability



Better than target



Below target - requires monitoring



Below target - requires action

Our Stakeholders and Community

Lead in Specialized Rehabilitation, Complex Continuing and Long-Term Care, Driven by Quality, Safety & Innovation

Indicator	Current Performance (At March 31st, 2011)	Target (T)/ Comparator	Last Period Performance (At March 31st, 2010)	Status
Achieve and maintain optimal patient and family experience				
Percent of rehab patients rating overall quality of care/services excellent or good	98%	95-100%(T)	100%	↓
Percent of rehab patients that would recommend West Park	98%	91-96%(T)	98%	↔
Percent of LTC residents with an overall positive rating of all aspects of care	78%	78%	76%	↑
Percent of LTC residents that would recommend West Park	88%	78%	74%	↑
Total number of complaints	43	--	42	↓
Percent of complaints addressed	100%	100% (T)	100%	↔
Align with MOHLTC priorities				
Percent of H-SAA indicators that are meeting or exceeding targets/benchmarks	100%	100%(T)	100%	↔
Percent of Alternate Level of Care (ALC) days of total days	1.6%	--	new indicator	

Clinical Excellence

Lead in Specialized Rehabilitation, Complex Continuing and Long-Term Care, Driven by Quality, Safety & Innovation

Indicator	Current Performance (At March 31st, 2011)	Target(T)/ Comparator	Last Period Performance (At March 31st, 2010)	Status
Deliver exemplary care and achieve optimal patient outcomes				
CCC weighted patient days	64,686	60,000 (T)	63,767	↑
Rehabilitation patient days	38,327	39,655 (T)	40,170	↓
Ambulatory visits by clinic	13,641	10,053 (T)	11,737	↑
Length of stay efficiency - Stroke RCG	0.59	0.61	0.51	↑
Length of stay - Stroke RCG	39	49	45	↑
Average change in FIM - Stroke RCG	21	23	20	↑
Percent of CCC clinical indicators on target/benchmark (New Stage 2+ Ulcers, Severe Disruptive Pain, Indwelling Catheters)	100%	100% (T)	100%	↔
Percent of LTC clinical indicators meeting Extencicare thresholds (falls, physical & chemical restraint use, weight loss, pressure ulcers)	75%	100%	88%	↓
Average referral response time	1.5 days	2 days (T)	new indicator	
Increase evidence-informed practice, quality, and patient safety				
Total number of critical incidents	1	--	1	↔
Percent of infection rates within target/benchmark	100%	100%(T)	100%	↔
Hand hygiene compliance rate	89.9%	85% (T)	89.4%	↔
Total number of staff immunized for influenza	70%	54-56% (T)	67%	↑
CCC patient influenza immunization rate	85%	75% (T)	89%	↓
Percent of discharge summaries dictated and verified within 14 days of discharge	55%	--	new indicator	
Enable and achieve recognized leadership in applied clinical research				
Dollar amount of external research grants and funding by theme	\$567K	--	\$514K	↑
Number of new research projects initiated	20	--	12	↑
Number of ongoing funded research projects	7	--	N/A	↑
Number of publications	56	--	50	↑
Number of presentations	68	--	63	↓
Percent of students rating education experience as excellent or good	96%	--	new indicator	↔
Percent of students who would recommend West Park for clinical placement	96%	--	new indicator	↔
Number of student (clinical teaching resource) weeks	2299	--	1877	↑

● At or better than target
 ● Below target - requires monitoring
 ● Below target - requires action
 ○ No target

Our People and Organizational Capacity

Be a Great Place to Work for Staff, Physicians and Volunteers

Indicator	Current Performance (At March 31st, 2011)	Target/ Comparator	Last Period Performance (At March 31st, 2010)	Status
Attract and develop a high-performing workforce				
Voluntary staff turnover	2.7%	4.7%	4.9%	
Staff vacancy rate	2.7%	--	2.8%	
Percent full-time nursing FTEs	69.9%	70% (T)	70.1%	
Performance appraisal completion rate	73%	75%	4.1%	
Percent of budget spent on staff development	0.5%	0.5%	0.7%	
Percent sick time hours to total full-time earned hours	3.9%	--	3.4%	
Percent overtime hours to total earned hours	0.5%	--	0.8%	
Number of volunteer hours	17,695	--	17,824	
Promote a healthy workplace				
WSIB performance index	1.06	1	1.82	
Workplace safety injury frequency	3.3%	--	5.6	
Workplace safety injury severity	11.6%	--	8.5	

Financial Capacity

Build the Financial Capacity to Thrive

Indicator	Current Performance (At March 31st, 2011)	Target/ Comparator	Last Period Performance (At March 31st, 2010)	Status
Maintain financial sustainability				
Surplus/deficit from hospital operations	(\$1.4M)	(\$1.5M)	(\$2.2M)	
Total surplus/deficit	\$1.8M	--	\$0.2M	
Total margin	2.8%	0%	1.3%	
Current ratio	1.22:1	0.9:1	1.16:1	
Percent of revenues from enterprises	17.6%	--	16.0%	

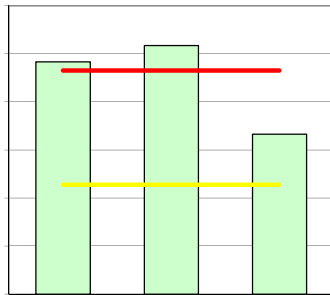
Note: Comparison with March 2010 for surplus deficit is misleading as 2009 did not include salary and benefit accruals.

- At or better than target
 ● Below target - requires monitoring
 ● Below target - requires action
 ○ No target

Clinical Excellence

Lead in Specialized Rehabilitation, Complex Continuing and Long-Term Care, Driven by Quality, Safety and Innovation

Indicator: Rehabilitation Patient Days

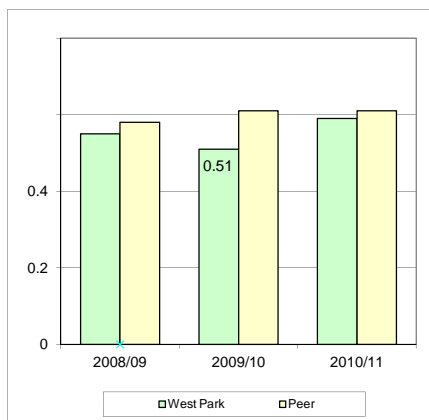


Indicator	Current Performance (At March 31st, 2011)	Target(T) / Comparator	Last Period Performance (At March 31st, 2010)	Status
Rehabilitation Patient Days	38,327	39,655 (T)	40,170	↓

Commentary

While falling short of the negotiated H-SAA target, the Centre did meet the TC-LHINs performance standard of greater than 37,276 rehabilitation patient days. Centre staff meet weekly to review patient flow reviewing barriers to admissions and discharges.

Indicator: Length of Stay Efficiency by RCG

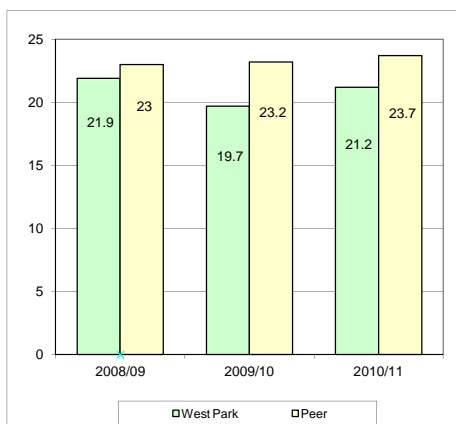


Indicator	Current Performance (At March 31st, 2011)	Target(T) / Comparator	Last Period Performance (At March 31st, 2010)	Status
Length of Stay Efficiency - Stroke RCG	0.59	0.61 (C)	0.51	↑

Commentary

Length of stay efficiency is the average change in total function score per day by RCG. A higher number is desirable as it reflects a larger functional gain in fewer days. Performance in this area is relatively similar over several years just slightly below our peers. Variances on the types of stroke patients, i.e. mild, moderate or severe, impact length of stay and expected functional gains. Improvements will be initiated through our new models of care work which specifically addresses the neurological rehabilitation services.

Indicator: Average change in FIM - Stroke RCG



Indicator	Current Performance (At March 31st, 2011)	Target(T) / Comparator	Last Period Performance (At March 31st, 2010)	Status
Average change in FIM - Stroke RCG	21.2	23.7	19.7	↑

Commentary

The average function score change measures how much a patient's functional status has changed from admission to discharge. It is assessed by the Functional Independence Measure (FIM), the primary outcome measure of the National Rehabilitation Reporting System. A higher number is desirable as it indicates greater improvement. There was a slight increase in the average functional improvement over last year. As noted above in the LOS Efficiency indicator, the Centre's new models of care is addressing improvement in this area.

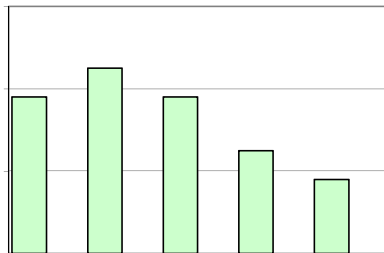
Clinical Excellence

Lead in Specialized Rehabilitation, Complex Continuing and Long-Term Care, Driven by Quality, Safety and Innovation

Indicator: Percent of LTC clinical indicators meeting Extencicare thresholds

There are eight clinical indicators included which are incidence of falls; incidence of serious falls; prevalence of residents on nine or more medications; prevalence of residents with chemical restraints; prevalence of residents with physical restraints; incidence & prevalence of pressure ulcers and the incidence of weight loss. Two of the eight indicator falls below Extencicare thresholds this year and are outlined below.

Indicator: LTC prevalence of physical restraint use



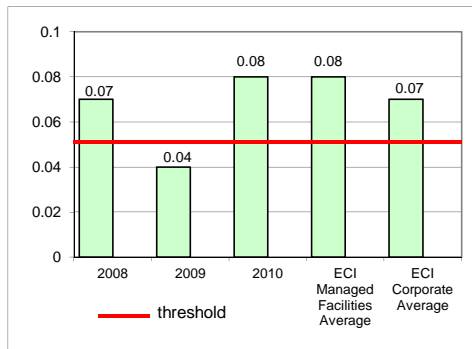
Indicator	Current Performance (At Dec 31st, 2010)	Target(T)/Comparator	Last Period Performance (At Dec 31st, 2009)	Status
LTC prevalence of physical restraint use	0.38	0	0.45	↑

Commentary

The home complies with the Registered Nursing Association of Ontario (RNAO) Least Restraints Best Practice Guidelines. Ongoing efforts to minimize restraint usage are numerous and the home actively participates in the Falls Risk Management Communities of Practices with other GTA long-term care facilities.

The use of physical restraints remains above the Extencicare corporate average due to the forty bed behavioural unit, the number of side rails as restraints, the increased acuity and complexity of the home's residents as well as families' insistence on restraint use, as it is their belief that restraints improve the safety of their family member.

Indicator: LTC incidence of weight loss



Indicator	Current Performance (At Dec 31st, 2010)	Target(T)/Comparator	Last Period Performance (At Dec 31st, 2009)	Status
LTC incidence of weight loss	0.08	0.05	0.04	↓

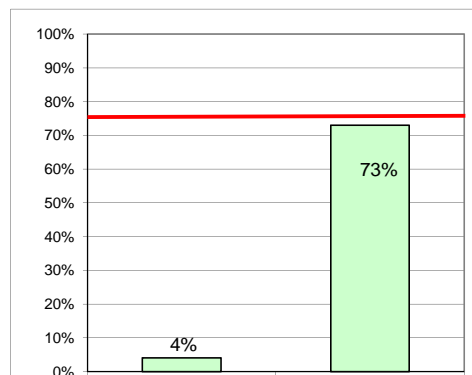
Commentary

The incidence of weight loss has risen from 0.04 in 2009 to 0.08 in 2010, which is above the indicator threshold and in line with the Extencicare managed facilities average. This change is as a result of assessment findings from the new dietician in efforts to ensure that residents stay within guidelines for healthy weights. In some cases, this would include a resident weight loss program.

Our People and Organizational Capacity

Be a Great Place to Work for Staff, Physicians and Volunteers

Indicator: Performance Appraisal Completion Rate



Indicator	Current Performance (At March 31st, 2011)	Target(T)/Comparator	Last Period Performance (At March 31st, 2010)	Status
Performance appraisal completion Rate	73%	75%	0.04	↑

Commentary

The Centre has seen significant improvement in the completion of performance appraisals over the last year, however fell just short of the target. Monitoring of completion rates continues. Additionally, the Centre has partnered with eight other hospitals to simplify the performance management system.