



Balanced Scorecard

April 1, 2013 - March 31, 2014



Introduction

This is the Centre's Balanced Scorecard for the period from April 1st, 2013 to March 31st, 2014. The Centre's performance across its five strategies is organized by four quadrants of reporting: Our Stakeholders and Community; Clinical Excellence; Our People and Organizational Capacity; Financial Capacity

The Centre's Strategy Map (back page) 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.

The Centre's management team monitors performance throughout the year. The data presented is cumulative up to the end of the fiscal year. Data is compared to the same period of the

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 an internal target, "HSAA" indicates a target negotiated through our Hospital Service Accountability Agreement or "QIP" indicates a target established as part of our Quality Improvement Plan. If there is a corridor for performance for the target, it is included in brackets beside the target. 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 indicates that indicator performance is meeting target, within corridor or in-line with the
- Yellow indicates that performance is slightly below target / comparator and requires monitoring
- Red indicates that performance is below target /corridor or is significantly below the comparator and
- 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	IT	Information Technology
CCC	Complex Continuing Care	LOS	Length of Stay
CMI	Case Mix Index	L-SAA	Long-Term Care Service Accountability Agreement
EPR	Electronic Patient Record	LTC	Long-Term Care
FIM	Functional Independence Measure	QIP	Quality Improvement Plan
FTE	Full Time Equivalent	RCG	Rehabilitation Client Group
H-SAA	Hospital Service Accountability Agreement		

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, 2014)	Target (T)/ Comparator	Last Period Performance (At March 31st, 2013)	Status
Achieve and maintain optimal patient and family experience				
Percent of rehab patients rating overall quality of care excellent or good	97%	99% (94%) QIP	97%	↔
Percent of rehab patients that would recommend West Park	96%	99% (94%) QIP	97%	↓
Percent of ccc patients rating overall quality of care excellent or good	73%	76 (71%) QIP	73%	↔
Percent of ccc patients that would recommend West Park	84%	85 (80%) QIP	79%	↑
Percent of ccc patients positive rating of staff dimension	69%	70%(65%) QIP	66%	↑
Percent of ccc families rating overall quality of care excellent, very good, good	96%	93%	83%	↑
Percent of ccc families that would recommend West Park	93%	91%	86%	↑
Percent of LTC residents with an overall positive rating of all aspects of care	73%	78%	77%	↓
Percent of LTC residents that would recommend West Park	61%	77%	66%	↓
Total number of compliments	38	--	45	↓
Total number of complaints	31	--	39	↑
Percent of complaints addressed	100%	100% (T)	100%	↔
Align with MOHLTC priorities				
Percent of H-SAA indicators that are meeting or exceeding targets	100%	100%(T)	100%	↔
Percent of Alternate Level of Care (ALC) days of total days	1.0%	1.15(+2%) QIP	0.9%	↓

Clinical Excellence

Indicator	Current Performance (At March 31st, 2014)	Target(T)/ Comparator	Last Period Performance (At March 31st, 2013)	Status
Deliver exemplary care and achieve optimal patient outcomes				
CCC weighted patient days - H-SAA	56,839	57,500(52,900) HSAA	61,229	↓
Rehabilitation weighted cases - H-SAA	1,359	1,092(938) HSAA	1,282	↑
Ambulatory visits by clinic - H-SAA	12,103	10,560(7,920) HSAA	11,875	↑
Length of stay efficiency - Stroke RCG	0.84	0.74	0.75	↑
Length of stay - Stroke RCG	33	42	37	↑
Average change in FIM - Stroke RCG	25	24	26	↓
Percent of ccc patients with new stage 2 ulcers	2.6%	2.5% (+ 2%) QIP	3.5%	↑
Percent of patients who fell in the last 30 days	2%	1.9% (+3%) QIP	2%	↔
Percent of LTC quality indicators performing better than provincial average (falls, restraints, worsened pressure ulcers, pain and bladder continence)	80%	100%	new indicator	●
Referral response time - 90th percentile	1 day	2 days (T)	1 day	↔
Increase evidence-informed practice, quality, and patient safety				
Total number of critical incidents	0	--	1	↑
Percent of infection rates within target/benchmark	100%	100% HSAA	100%	↔
Hand hygiene compliance rate before patient contact	93%	90%(-5%) QIP	89%	↑
Percent of staff immunized for influenza	68%	54-56% (T)	60%	↑
CCC patient influenza immunization rate	80%	75% (T)	78%	↑
Percent discharge summaries sent to family physicians within 7days	74%	65% (60%) QIP	new indicator	●



Meeting target / within corridor



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 & Innovation

Indicator	Current Performance (At March 31st, 2014)	Target(T)/ Comparator	Last Period Performance (At March 31st, 2013)	Status
Enable and achieve recognized leadership in applied clinical research				
Dollar amount of external research grants and funding	\$112K	--	\$233K	↓
Number of new research projects initiated	24	--	24	↔
Number of ongoing funded research projects	5	--	4	↑
Number of publications	26	--	50	↓
Number of presentations	56	--	55	↑
Enable and achieve recognized leadership in teaching				
Percent of students rating education experience as excellent or good	92%	--	97%	↓
Percent of students who would recommend West Park for clinical placement	91%	--	98%	↓
Number of student (clinical teaching resource) weeks	1418	--	1322	↑

Our People and Organizational Capacity

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


Indicator	Current Performance (At March 31st, 2014)	Target/ Comparator	Last Period Performance (At March 31st, 2013)	Status
Attract and develop a high-performing workforce				
Employee engagement	68%	57%	73%	↓
Physician engagement	80%	58%	63%	↑
Voluntary staff turnover	5.2%	7.9%	8.8%	↑
Staff vacancy rate	2.9%	--	3.1%	↑
Percent full-time nursing Full Time Equivalent	69%	70% (T)	69%	↔
Performance appraisal completion rate	82%	75% (T)	66%	↑
Percent sick time hours to total full-time earned hours	3.2%	--	3.1%	↓
Percent overtime hours to total earned hours	0.3%	--	0.3%	↔
Number of volunteer hours	20,258	--	21,246	↓
Promote a healthy workplace				
WSIB performance index	1.19	1	0.81	↓
Workplace safety injury frequency	2.02%	--	2.30%	↑
Workplace safety injury severity	3.11%	--	0.90%	↓


Financial Capacity


Build the Financial Capacity to Thrive

Indicator	Current Performance (At March 31st, 2014)	Target/ Comparator	Last Period Performance (At March 31st, 2013)	Status
Maintain financial sustainability				
Surplus/deficit from hospital operations	\$0.07M	\$0	\$1.3M	↓
Total surplus/deficit	\$0.3M	--	\$1.1M	↑
Total margin	2.51%	0% HSAA	3.51%	↓
Current ratio	1:1	0.7:1 HSAA	0.92:1	↑
Support financial security through business development				
Percent of revenues from Enterprises	8.30%	--	7.96%	↑

 Meeting target / with in corridor

 Below target - requires monitoring

 Below target - requires action

 No target



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

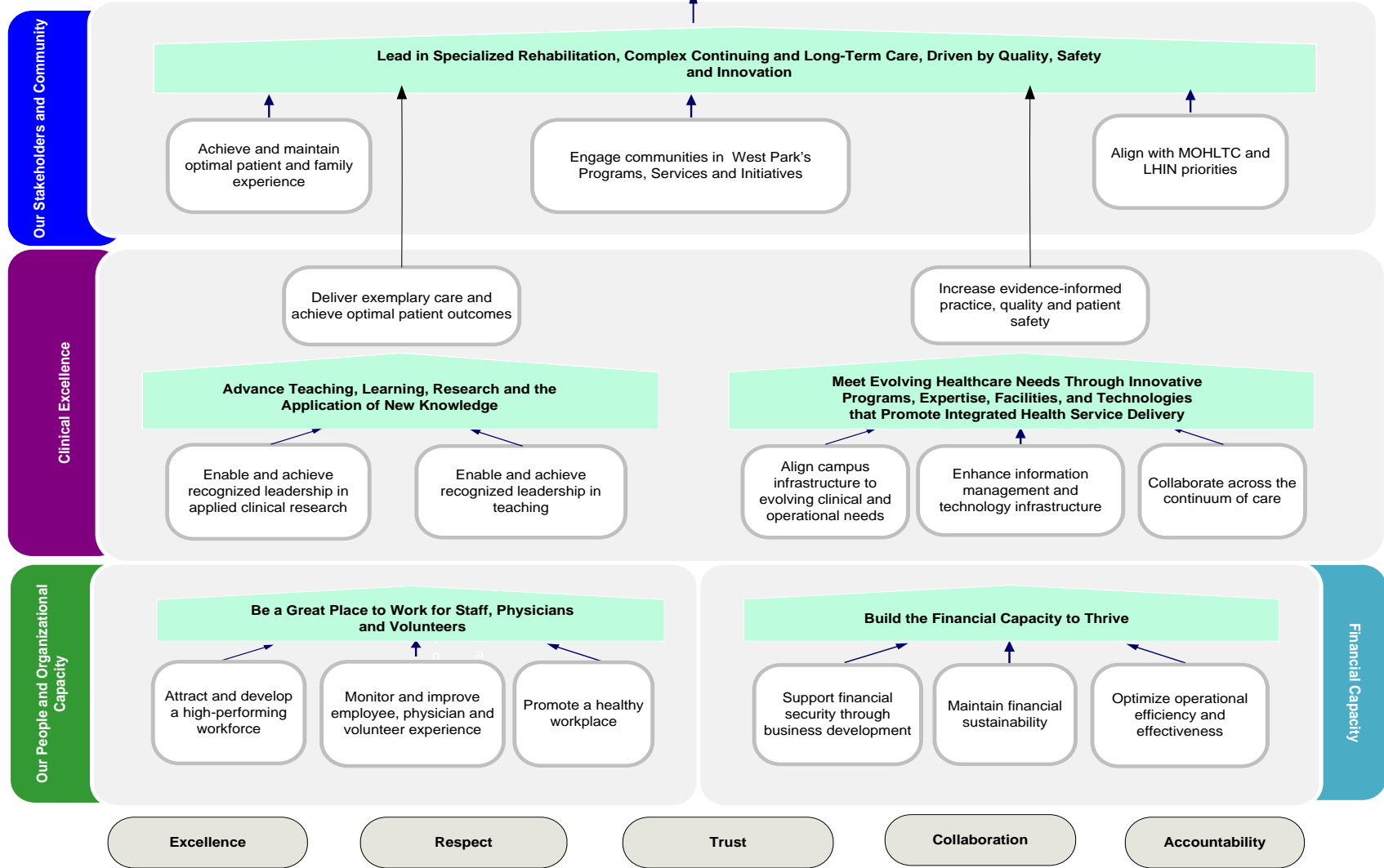
Build a foundation to deliver the best care for our patients

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

Our values define how we work...

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 Stakeholders and Community

Clinical Excellence

Our People and Organizational Capacity

Financial Capacity