

# Strategic Scorecard

## Q1 2012



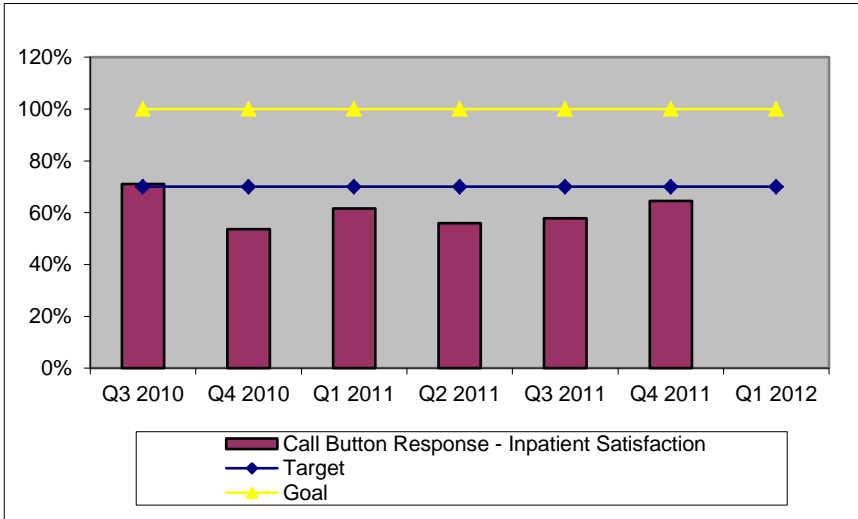
Core Strategy	Measures	Freq	Current	Previous	Target 2012/13	Goal	Status
Quality / Safety Excellence	Patient Flow (90th Percentile ED LOS for Admitted Patients)	Q	53.5	64.5	<=39.0	<=28.0	Y
	Hospital Standard Mortality Ratio	Q	N/A	76	<=85	<=65	G
	Hand Hygiene Compliance Before Patient Contact	Q	71%	77%	>=85%	1.00	R
	Call Button Response Inpatient Satisfaction	Q	N/A	65.0%	>=70%	100%	Y
Exceptional Customer Service	Measures	Freq	Current	Previous	Target	Goal	Status
	Patient Satisfaction - Overall Hospital Recommendation (In-Patient)	Q	N/A	67.3%	>=70%	100%	Y
Inspired People & Teamwork	Measures	Freq	Current	Previous	Target	Goal	Status
	Sick Time (days per employee)	Q	11.3	9.9	8.0	8.0	R
	Injuries On Duty (IOD) Frequency	Q	2.68	0.78	1.00	0.00	R
Leading Performance	Measures	Freq	Current	Previous	Target	Goal	Status
	Total Operating HSAA Margin	Q	0.04%	0.21%	-0.34%	0.00%	G
Status	<b>At or better than target</b>		<b>Below Target</b>		<b>Not meeting target</b>		

**Performance Measure:** Call Button Response Inpatient Satisfaction  
**Success Factor:** Quality & Safety  
**Period:** Q1 2012/2013

**Formula:**  
 Number "Definitely Yes" responses to patient satisfaction question, "In general, after you used the call button, was the time you waited for help reasonable?" given all surveys.

**Description:**  
 Number "Definitely Yes" responses to patient satisfaction question, "In general, after you used the call button, was the time you waited for help reasonable?" given all surveys.

This indicator contributes to overall inpatient satisfaction which is considered a 'big dot' metric. This is one element of improvement which can contribute to overall patient satisfaction.



Prior Period	This Period	Target	Trend
65%	N/A	70%	Increasing

**Analysis & Progress:**  
 Due to timing associated with data from NRC Picker Patient Satisfaction Surveys, the results do not reflect interventions in this area. While we continue to trend high level call bell response time satisfaction through NRC Picker Patient Satisfaction Surveys, we are also tracking internal results obtained through a call bell response time improvement initiative. Real-time results from patient interviews in the pilot phase of the project indicate a satisfaction rate of 70% to provider call bell response times and 30% of patients indicated they were very satisfied with call bell response times. Ongoing roll-out of the call bell response time project indicate a 66% combined satisfaction rate (satisfied and very satisfied) to provider call bell response times in the medical program.

**Data Source:** NRC Picker Patient Satisfaction Surveys

**Actions:**  
 Continue to roll-out the call bell response time project through all in patient areas; intentional rounding and communication techniques to provide support to patients and minimize call bell usage.

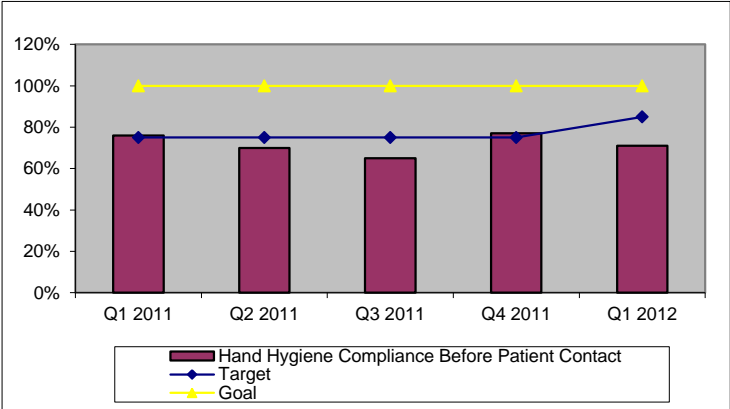
Lead: Quality and Performance Improvement Specialist

Target Date: ongoing roll-out and measurement of response times post improvement cyclesnication techniques provide support to patients and minimize call bell usage

**Performance Measure:** Hand Hygiene Compliance Before Patient Contact  
**Success Factor:** Quality & Safety  
**Period:** Q1 2012/2013

**Formula:**  
 Number of times hand hygiene performed before initial patient contact given number of initial patient contact encounters.

**Description:**  
 Number of times hand hygiene performed before initial patient contact given number of initial patient contact encounters.  
 This indicator is one of the four moments in which providers are to perform hand hygiene in order to minimize the spread of infections



Prior Period	This Period	Target	Trend
77%	71%	85%	Decreasing

**Data Source:** Infection Control Audits

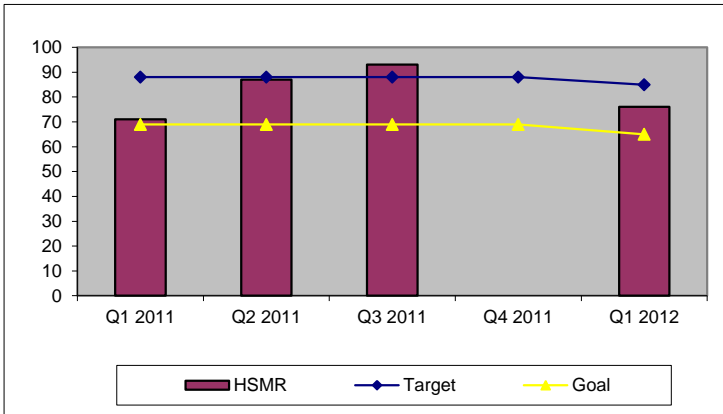
**Analysis & Progress:**  
 Hand hygiene rates before patient contact has declined in this quarter. Sufficient numbers of audits have been performed and trials of electronic technologies to support more rapid data turnaround are in progress. New strategies for weekly reporting of hand hygiene audit results will be in place in the next quarter.

**Actions:**  
 Hand hygiene results are regularly reported to the patient care units, Infection Control Committee and MAC. Reports have previously occurred on a quarterly basis with plans to now move to weekly reporting.  
 A revitalized Steering Committee is now in place to support increased awareness and attention to hand hygiene; and hand hygiene remains a priority on the annual QIP.  
 The Hand Hygiene Steering Committee with support from Infection Prevention and Control on best practices will continue to drive improvements in hand hygiene results.  
 Target date: Ongoing

**Performance Measure:** Hospital Standard Mortality Rate  
**Success Factor:** Quality & Safety  
**Period:** Q1 2012/2013

**Formula:**  
 Hospital Standardized Mortality Ratio. Number of observed in hospital deaths over the number of expected in hospital deaths.

**Description:**  
 Hospital Standardized Mortality Ratio. Number of observed in hospital deaths over the number of expected in hospital deaths. This indicator is standardized to reflect the current mortality experience in Canada.



Prior Period	This Period	Target	Trend
N/A	76	85	Decreasing

**Data Source:** Canadian Institute for Health Information

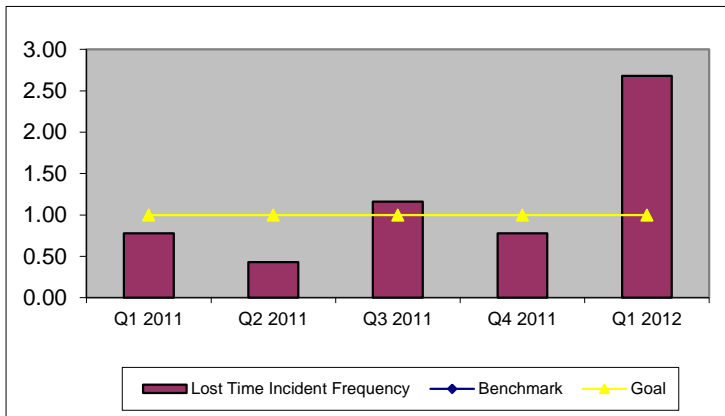
**Analysis & Progress**  
 The HSMR is trending downwards or positively this quarter.  
 The Canadian Institute for Health Information (CIHI) is changing the methodology used to calculate the HSMR to more accurately reflect improvements in hospitals' HSMR results across Canada. Results from 2011/12 have been recalculated using the new baseline methodology and hospitals have been provided with results for previous quarters using both new and old methodologies (new methodology on scorecard). On a go-forward basis, only results using the new methodology will be provided as of the new reporting year for April 1, 2012. Data for Q4 will be embargoed for release by CIHI in December 2012 as part of an annual release of HSMR results across the

**Actions:**  
 A process is being developed to conduct standardized death reviews in all medical departments. Death reviews currently take place, however by standardizing the approach there will be improved comparability from quarter to quarter. A small working group with representation from Medical Affairs, Quality, Health Records and medical staff will develop a draft process for review through QPMC and MAC .  
 Target Date: ongoing

**Performance Measure:** Injuries On Duty (IOD) Frequency  
**Success Factor:** Inspired People & Teamwork  
**Period:** Q1 2012 /2013

**Formula:**

The Injury on Duty Frequency Rate (LTIFR) is calculated by multiplying the number of Lost Time Injuries by 200,000 and dividing the product by the number of hours worked



**Data Source:** JBMH Parklane / JBMH Budget Variance Hours

**Description:**

The Injury on Duty Frequency Rate (LTIFR) is a safety performance measure of incident or accident prevention and the effectiveness of injury management. These are work-related incidents that require medical treatment and result in time lost from work of one full shift or more. Incidents are not included until the Workmen's Safety Insurance Board (WSIB) confirms they are an approved lost time claim. A safe workplace is a key priority. An injury could have long term detrimental health and psychological effects on employees and affect their engagement in the workplace. The LTIFR is an indicator of the effectiveness of safe work places and job safety tools. A high LTIFR would require a review and actions to reduce the number of injuries.

Prior Period	This Period	Target	Trend
	0.78	2.68	1 increasing

**Analysis & Progress:**

JBMH's Q1 year to date result of 2.68 indicates an increase in lost time injuries from an average of 2 per quarter to a high of 7. This can be attributed to a transition in staff that occurred during that quarter. This transition created a gap that resulted in delayed offers of modified duties however, the delays were such that the majority of these lost time claims did not exceed the 5 day lost time mark that typically results in higher NEER (experience rating) costs. Q2 is already showing a major improvement over Q1.

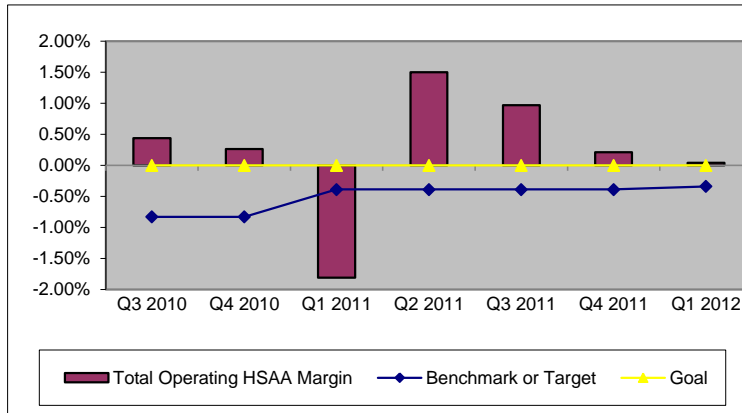
**Actions:**

1. Heighten focus on Early and Safe Return To Work processes
2. Review improvement opportunities
3. Leverage modified duties opportunities where feasible
4. Accident investigation and prevention refresher training for management

**Performance Measure:** Total Operating HSAA Margin  
**Success Factor:** Leading Performance  
**Period:** Q1 2012/2013

**Formula:**

Percent by which total corporate (consolidated) revenues exceed or fall short of total corporate (consolidated) expense, excluding the impact of facility amortization, in a given year.



**Data Source:** JBMH Quaterly HAPS Submission

**Description:**

Percent by which total corporate (consolidated) revenues exceed or fall short of total corporate (consolidated) expense on a cumulative basis, excluding the impact of facility amortization, in a given year.

This indicator measures our operating financial performance and is considered a 'big dot' indicator that is monitored by the LHIN and internal stakeholders. Unforeseen changes in either operating expenditures or funding will impact this metric.

Prior Period	This Period	Target	Trend
0.21%	0.04%	-0.34%	Stable

**Analysis & Progress:**

YTD Margin for Q1 was 0.04%. Total HSAA Margin for the fiscal year 2012/13 was 0.21%. JBMH is expecting to meet the H-SAA budgeted margin of -0.34%.

**Actions:**

The total operating HSAA margin is monitored on a monthly basis. Mitigating strategies include discussions with internal and external stakeholders to ensure results remain on target.

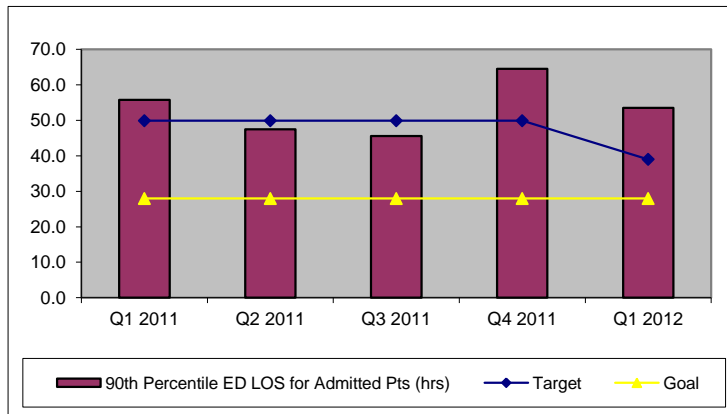
Leads: Finance and Decision Support

Timelines: Ongoing

**Performance Measure:** Patient Flow (90th Percentile ED LOS for Admitted Patients)  
**Success Factor:** Quality & Safety  
**Period:** Q1 2012/2013

**Formula:**  
 90<sup>th</sup> percentile wait time in hours from triage to left emergency room (ER) for all admitted ER patients.

**Description:**  
 90<sup>th</sup> percentile wait time in hours from triage to left emergency room (ER) for all admitted ER patients.  
 The target (49.9 hours) reflects the HSA year-to-date expectation.



Prior Period	This Period	Target	Trend
	64.5	53.5	39.0 Decreasing

**Analysis & Progress:**  
 Performance in Q1 improved considerably over last quarter dropping from 82.3 hours to 55.8 hours. This metric is a collective indicator of many factors: patient length of stay on inpatient units, efficient patient movement processes, number of ALC in acute beds hence blocking their turnover, effectiveness of community support programs and CCAC, and overall hospital capacity. Delays or ineffectiveness in any of the above create backlogs in the ED. Q2 and Q3 have seen corporate-wide response initiated to collectively improve all factors affecting this metric.

**Data Source:** CCO iPort

**Actions:**  
 Actions include: implementation of mandatory Expected Date of Discharge (EDD) for all admitted patients; revision of daily Bullet Rounds to focus on discharge plans; review, revision and rollout of standardized operating procedures for patient movement processes from ED to inpatient areas; establishment of Medical Short Stay Unit (LHIN funding support) ; hiring of 2 Discharge Planning Specialists for Medicine (internal funds realignment); implementation of Acute Medicine Admission standardized orders to expedite care.

All projects listed have been implemented over the period of Q2 and Q3 and are ongoing; measurement of their impact is underway  
 -tracking of projects and associated impact is reviewed daily or weekly at the Daily Performance Action Team (DPAT) Meetings held 4 days per week.

**Performance Measure:** Patient Satisfaction - Overall Hospital (In-Patient)  
**Success Factor:** Quality & Safety  
**Period:** Q1 2012/2013

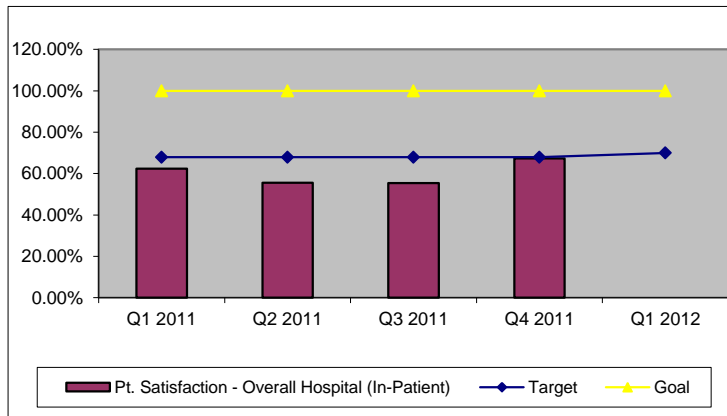
**Formula:**

Number of "Definitely Yes" responses to patient satisfaction question "Would you recommend this hospital to your friends and family?" given all inpatient surveys.

**Description:**

Number of "Definitely Yes" responses to patient satisfaction question "Would you recommend this hospital to your friends and family?" given all inpatient surveys.

This indicator measures the degree to which patient's are satisfied with their inpatient experience. It takes into account a patient's total experience, from time of admission to time of discharge, and all elements throughout their stay (i.e. cleanliness, care, attitude of providers).



Prior Period	This Period	Target	Trend
67.30%	N/A	70%	N/A

**Analysis & Progress:**

Scale scores for inpatient results in the categories of "respect for patient preferences" and "coordination of care" remains at or above the Ontario average score; other dimensions remain consistent or show slight improvement. Timing of results from NRC Picker remains an issue as our results are often 2 or 3 quarters behind the current reporting quarter.

**Data Source:** NRC Picker Survey Results

**Actions:**

Communication and customer service training has been completed in the Emergency Department and will expand beyond the ED to include all patient care areas to set service expectations.

Leads: Inpatient managers and directors

Target Date: ongoing



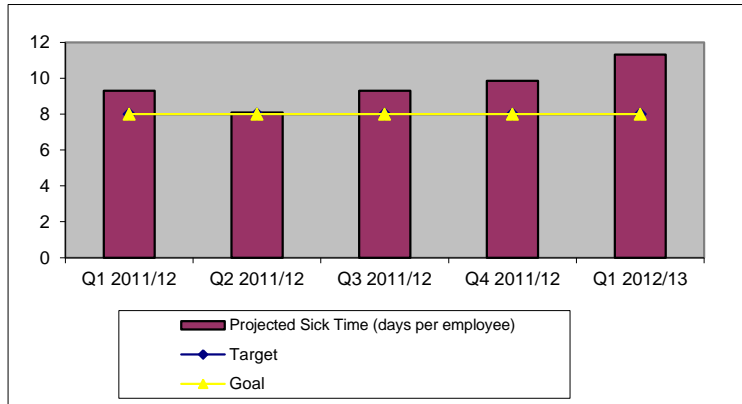
**Performance Measure:** Sick Time (days per employee)  
**Success Factor:** Inspired People & Teamwork  
**Period:** Q1 2012/2013

**Formula:**

Sick time (days per employee) is calculated by taking the total sick hours over the eligible sick full-time equivalents, divided by 7.5 hours per day. The projection is calculated using the ratio of sick time incurred in prior fiscal year.

**Description:**

Sick time is measured by average paid days lost per employee. It is an indicator of absenteeism costs and employee engagement. Days lost due to absenteeism leads to replacement costs, overtime costs, lower productivity and an increased risk to quality. With respect to employee engagement, absenteeism is an indicator of the employee's health and well-being, which may be reflective of stress factors in the workplace.



Prior Period	This Period	Target	Trend
9.9	11.3	8.0	Increasing

**Analysis & Progress:**

The first quarter of fiscal 2012/13 experienced an increase of 22% in total sick hours over the same quarter of prior year while the number of eligible employees as only increased 6%. This has resulted in an increase in the projected sick days per employee to 11.3 days.

**Data Source:** JBMH Meditech Payroll

**Actions:**

1. Acquire disability management expertise in the HR - Occ Health by Q2 2012, Physician in 2013/14
2. Establish an attendance measurement and analysis process - Phase 1 by Q3 2012
3. Update and refresh attendance management program - Q2 2012
4. Train management and establish management accountability - Q2-Q3 2012