

SUMMARY OF JBH STRATEGIC INDICATORS – Q1 2013/14

The purpose of this document is to highlight the strategic indicators, which are specifically selected as proxy indicators of overall organizational performance and align with JBH Strategic priorities.

Trending results to the same quarter in the previous year are provided to demonstrate change over time and remove variability, fluctuation, and seasonal impacts seen when comparing quarter to quarter.

Commentary focuses on those indicators with identified opportunities for improvement. Specified actions are intended to enable the strategic indicator to meet and/or exceed target.

Strategic Direction	Strategic Indicator	Trend from Same Quarter in Previous Year	Action Plans
<i>Quality & Safety</i>	<i>Hand Hygiene Compliance Before Patient Contact</i>	↑	<ul style="list-style-type: none"> Improvement – maintain current practice
	<i>90th Percentile ER LOS for Admitted Patients</i>	↓	<ul style="list-style-type: none"> Focus on getting the 'right patient' in the 'right bed' at the 'right time' to optimize care Admission avoidance where possible, through partnerships with CCAC Weekly reporting at the Quality Wall
	<i>HSMR</i>	↓	<ul style="list-style-type: none"> JBH remains below target of 100 Departmental death reviews and reviews of high harm incidents take place for learning and applications of best practices in the management of patient care
<i>Leading Performance</i>	<i>Hospital – Total Margin</i>	↑	<ul style="list-style-type: none"> Stable rate – continue to meet H-SAA performance target Maintain current practice
<i>Inspired People & Teamwork</i>	<i>Sick Time (days per employee)</i>	↑	<ul style="list-style-type: none"> Improvement – maintain current practice Weekly reporting at the Quality Wall

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Strategic Direction	Strategic Indicator	Trend from Same Quarter in Previous Year	Action Plans
			<ul style="list-style-type: none"> Attendance Awareness and Performance Management programs are in place
	<i>Injuries On Duty Frequency</i>	↑	<ul style="list-style-type: none"> Improvement – maintain current practice Robust Return to Work Program Collaboration with WSIB as required, particularly for difficult cases
<i>Exceptional Customer Service</i>	<i>Overall Quality of Care and Services Received Emergency Room - Internal</i>	↔	<ul style="list-style-type: none"> Comment cards recently implemented in the ED Continue to collect feedback, communicate results and implement actions
<i>Innovation</i>	<i>Percentage of Acute ALC Days</i>	↓	<ul style="list-style-type: none"> Although above rate in same quarter of previous year, we remain on-target Continue to review all ALC patients weekly in collaboration with CCAC for rapid appropriate placement

↑ - Improving trend from same quarter in previous year

↓ - Trending poorly from same quarter in previous year

↔ - Not enough data to compare to same quarter in previous year

Quality Dimension	Performance Indicators	Provincial Performance	JBH Target		Period Comparison								JBH Goal							
		FYE 2012/13	Source*	Value	FYE 2011/12	Q1 2012/13	Q2 2012/13	Q3 2012/13	Q4 2012/13	FYE 2012/13	Q1 2013/14									
Safety	CDiff Rate per 1,000 Patient Days	0.33	HSAA	<=0.15	0.23	0.22	0.50	0.47	0.30	0.37	0.42	0								
	VAP Rate per 1,000 Patient Days	0.99	HSAA	0	0	0	0	0	0	0	1.81	0								
	CLI Rate per 1,000 Patient Days	0.59	HSAA	0	0	0	1.46	0	1.67	0.76	0.00	0								
	Hand Hygiene Compliance Before Patient Contact	85.60%	JBH	>=85%	81%	71%	66%	84%	86%	81%	80%	100%								
	Pressure Ulcers	2.3%	JBH	<=5.5%	8.9%	6.7%	7.2%	7.0%	7.6%	7.6%	Data unavailable from CIHI	0%								
	CCC Falls	10.3%	JBH	<=7.5%	9.5%	9.3%	8.4%	7.3%	5.9%	5.9%	Data unavailable from CIHI	0%								
	Surgical Safety Checklist Compliance	99.38%	JBH	100%	99.90%	99.73%	99.92%	99.85%	99.96%	99.86%	100.00%	100%								
	Physical Restraints Usage	4.2%	JBH	<=5.6%	9.8%	0.0%	5.2%	3.7%	0.0%	4.3%	Data unavailable from CIHI	5.60%								
	5-Day In-Hospital Mortality Following Major Surgery [¶]	9.18 - RA	JBH	<=7.00 - RA	7.12 - RA 6.12 - CR	0.00 CR	3.98 CR	3.28 CR	3.82 CR	2.72 CR	0.00 CR	<=7.00 - RA								
	Medication Reconciliation at Admission	N/A	JBH	50-70%	.	.	.	.	.	.	Data Collection in progress	100.00%		
Falls with Injury	N/A	JBH	<=1 / qrt	4	3	4	3	2	3 / qrt (avg)	4	0									
JBH	Fall Rate per 1,000 Patient Days	N/A	None	N/A	5.3	5.5	5.4	5.4	7.0	5.8	5.5	Improvement								
	VRE Inf. Rate per 1,000 Patient Days	0.01	HSAA	<=0.01	0	0	0	0	0	0	0	0								
	MRSA Inf. Rate per 1,000 Patient Days	0.02	HSAA	<=0.02	0	0	0	0	0	0	0.04	0								
Effectiveness	HSMR *Restated for change in methodology	100	JBH	<=80	85	76	77	79	82	82	82	<=65								
	Total Margin	N/A	JBH / HSAA	0.0% / -0.4%	0.21%	0.04%	-0.10%	0.24%	0.29%	0.29%	0.00%	0%								
	Sick Time (days per employee) *2012/13 target	N/A	JBH	8	9.90	11.30	10.50	10.00	9.81	9.81	10.02	8.00								
	Injuries On Duty (IOD) Frequency	N/A	JBH	1.00	0.80	2.68	0	1.12	1.17	1.20	0.57	1.00								
Access	90th Percentile ER LOS for Admitted Patients	30.9**	JBH / HSAA	<=39.0 / <=28.3	53.3	52.3	48.0	45.7	56.7	50.4	54.4	<=8								
	90th Percentile ER LOS for Complex Non-Admitted Patients	7.1**	HSAA	<=7.5	7.6	7.5	7.6	7.7	7.4	7.5	7.6	<=7.4								
	90th Percentile ER LOS for Minor/Uncomplicated Non-Admitted Patients	4.1**	HSAA	<=4.5	4.9	5.2	5.2	5.4	5.3	5.3	5.0	<=4.0								
	LWOTs + LWBSs	N/A	P4R	<=4%	5.8%	4.6%	6.0%	5.3%	4.5%	5.4%	5.4%	0								
	Cataract Wait Time (Days)	Funded Volume	<=182/N/A	HSAA <=120 >= 572 / qrt	173	326	194	730	160	618	188	604	144	710	173	2,654	134	732	<=120	>= 572 / qrt
	Oncology Wait Time (Days)	Funded Volume	<=84/N/A	HSAA <=58 >= 150 / qrt	57	117	66	120	64	119	54	109	52	107	58	455	58	129	<=58	>= 150 / qrt
	Hip Wait Time (Days)	Funded Volume	<=182/N/A	HSAA <=177 >= 48 / qrt	188	33	199	51	162	50	251	60	283	41	216	198	220	57	<=177	>= 48 / qrt
	Knee Wait Time (Days)	Funded Volume	<=182/N/A	HSAA <=182 >= 98 / qrt	230	66	258	106	269	65	250	120	284	92	259	363	227	101	<=182	>= 98 / qrt
	MRI Wait Time (Days)	Funded Volume (Hrs)	<=28/N/A	HSAA <=88 >= 1,320 / qrt	65	1,485	76	1,397	63	1,469	59	1,145	58	1,215	69	5,306	54	1,361	<=28	>= 1,320 / qrt
	CT Wait Time (Days)	Funded Volume (Hrs)	<=28/N/A	HSAA <=43 >= 805 / qrt	56	1,184	60	1,187	41	1,208	45	1,195	59	1,182	53	4,772	50	1,206	<=28	>= 805 / qrt
Patient-Centered	Overall Hospital Recommendation Emergency Room	55.5%^^	JBH	>=65%	Annual rates not available from NRC	44.9%	39.0%	41.0%	38.6%	Annual rates not available from NRC	Data unavailable from NRC	100%								
	Overall Hospital Recommendation Inpatient	69.1%^^	JBH	>=70%	Annual rates not available from NRC	65.1%	59.1%	58.0%	59.1%	Annual rates not available from NRC	Data unavailable from NRC	100%								
	Overall Quality of Care and Services Received Emergency Room	84.6%^^	JBH	>=90%	Annual rates not available from NRC	62.7%	62.3%	62.2%	59.9%	Annual rates not available from NRC	Data unavailable from NRC	100%								
	Overall Quality of Care and Services Received Inpatient	92.3%^^	JBH	>=93%	Annual rates not available from NRC	73.4%	73.8%	74.6%	73.8%	Annual rates not available from NRC	Data unavailable from NRC	100%								
	Call Button Response Inpatient Satisfaction	61.6%^^	JBH	>=70%	Annual rates not available from NRC	53.3%	57.0%	58.8%	55.6%	Annual rates not available from NRC	Data unavailable from NRC	100%								
	Overall Hospital Recommendation Emergency Room - Internal	N/A	JBH	>=65%	.	.	.	.	.	.	Data Collection in progress	100%		
Integrated	Readmission within 30 Days for Selected CMGs to any Facility	N/A	JBH	<=8%	14.42%	14.96%	15.1%	15.6%	Data unavailable from MOHLTC	Data unavailable from MOHLTC	Data unavailable from MOHLTC	0%								
	Percentage of Acute ALC Days	13.1% [¶]	JBH / HSAA	<=17.0% / <= 11.0%	20.3%	14.3%	17.1%	12.0%	20.8%	16.2%	17.0%	<=11.0%								
	Readmission within 30 Days for Selected CMGs to JBH	N/A	JBH	<=12%	14.0%	14.6%	13.2%	15.8%	13.5%	14.3%	14.5%	0%								
JBH	Occupancy Rate	N/A	JBH	<=95%	103.6%	99.4%	95.6%	98.2%	103.2%	99.1%	105.0%	<=90%								

QIP Indicator is one of JBH's Core Strategies
 Priority 1 QIP Indicator
^HH-SAA target based on 12/13 H-SAA Funding Agreement
^{**}Provincial Performance based on Q4 2012/13
[¶] Provincial Performance based on 2011/12 risk adjusted data. RA = Risk Adjusted Rate; CR = Crude Rate
^{**}Q4 2012/13 Community Hospital Provincial Average
[¶] Provincial Q2 Results

	Performance at or better than target
	Performance within 5% of target
	Performance more than 5% from target