

**UHN 2010/11 Balanced Scorecard**

Domain / Theme	Goal	Initiative	Measure	09/10 target	10/11 Baseline (09/10 Year End unless articulated)	10/11 Target	Target Methodology
<b>We</b> <i>Ensure that we have the best people to deliver on our strategies</i>	Attract & retain the best people	Address EOS initiatives at unit/dept level	Organizational commitment score	68%	58%	65%	Realistic target in current work environment
	Create a high performance culture	Enhance leadership capacity	Leadership skills learning	1%	0.48%	1%	Industry best practice = 2%. UHN target is 50% of best practice
	Enhance organizational capacity through employee safety and wellness	Manage OT down	% overtime hours (monthly average)	1.35%	1.04% (09/10 Q4)	1%	Target to always be under 1%
		Reduce absenteeism	Average sick-time hours per employee (12 month rolling average)	50	57.5	50	Roll-over from 2009/2010
<b>Caring</b> <i>Deliver safe, patient-centred care in an integrated care delivery environment</i>	Make UHN safer for our patients	SHN! Interventions, Chart audit, Palliative care coding	Hospital standard mortality ratio	<90	90 (best practice)	<85	Average over the past four years has been 85. Aim to keep it below.
		Initiatives to reduce the incidence of C. Difficile	Hospital acquired infection rates C. Difficile cases per 1000 patient days	0.54 cases per 1000 pt-days	0.54 (09/10 target)	0.49 cases per 1000 pt-days	10% reduction in C.Dif rate from 09/10 target
		Hand hygiene - linked to MRSA rate	Hospital acquired infection rates MRSA cases per 1000 patient days	0.35 cases per 1000 pt-days	0.35 (09/10 target)	0.32 cases per 1000 pt-days	10% reduction MRSA rate from 09/10 target
		Initiatives to reduce the incidence of VRE	Hospital acquired infection rates VRE cases per 1000 patient days	0.26 cases per 1000 pt-days	0.26 (09/10 target)	0.23 cases per 1000 pt-days	10% reduction in VRE rate from 09/10 target
		MOHLTC Just Clean Your Hands, MOHLTC mandatory reporting of compliance, and UHN's specific Hand Hygiene program	% of UHN staff washing their hands prior to patient contact	50%	48%	70%	40% improvement in performance from 09/10 target
		Interprofessional unit-based strategy development	Pressure ulcer incidence	7.4%	7.4%	7.0%	More aggressive target
	Improve access to care and satisfaction for our patients	Patient centred care	Inpatient satisfaction scores	78.7%	78.8% (09/10 Q3 YTD)	79.7%	1% increase from 09/10 target
			% of potential eligible organ donors that were converted to actual organ donors	new	27% (new)	75%	3/4 of donors converted to actual donors
		Surgical Cancellations	Surgeries cancelled within 48 hours	8.4%	8.9%	8.4%	Roll-over from 2009/2010
	Enhance system partnerships to integrate care processes for our patients	Partnerships for system improvement (ALC and patient flow; Palliative Care)	Average # of days ALC patient is waiting in hospital bed to be transferred to non-acute care facility	13.0 days	16.7 days (09/10 Q3 YTD)	16.0 days	4% reduction from Q3 YTD actual
			Percent improvement of patients treated in the ED within LHIN wait time benchmarks	Revision of previous measures	TGH: CTAS I-III: 81.6% CTAS IV-V: 78.0% Admitted Pts: 19.7%	TGH: 15.1% TWH: 15.1%	Baseline indicates percent treated within LHIN benchmarks in 09/10.  10/11 Target is improvement required to maintain Pay for Results Funding
					TWH: CTAS I-III: 89.0% CTAS IV-V: 80.2% Admitted Pts: 22.7%		
			Admitted patients whose ED-Length-of-Stay (LOS) is ≤ 8 hours	TGH: 1,427 TWH: 1,368	TGH: 1,814 TWH: 1,743	# of patients over baseline required to meet budget requirements	
	Non-admitted CTAS IV-V patients whose ED-LOS is ≤ 4 hours	TGH: 7,510 TWH: 11,894	TGH: 7,990 TWH: 12,629				

**UHN 2010/11 Balanced Scorecard**

Domain / Theme	Goal	Initiative	Measure	09/10 target	10/11 Baseline (09/10 Year End unless articulated)	10/11 Target	Target Methodology
<b>Creative</b> Demonstrate research impact and enhance patient care	Financially sustainable research enterprise	Increase core research budget revenues from commercialization, service fees and indirect cost recovery	Revenue dollars from commercialization	\$1.5M	\$1.5M (09/10 target)	\$1.75M	16% increase from 09/10 target
		Provide infrastructure to facilitate grant funding success	Total value of all grant funding	\$255 M	\$255M (09/10 target)	\$265M	4% increase from 09/10 target
	UHN is the premier research hospital in Canada	Improved turn around times for clinical study assessments (REB, Contract Review)	% of clinical research studies reviewed by Research Ethics Board within 5 weeks	70%	76%	80%	14% increase from 09/10 target
	UHN is the leader in research for clinical practice and care delivery	Improve clinical research environment: increase engagement at all levels (patients, HCP, staff, students)	Percentage of clinical regulated research professional trained and credentialed	Revision of previous measure	0% (no 09/10 result)	50%	Half of all professionals trained and credentialed
			Internal review/audit of consent process for studies receiving delegated review	Revision of previous measure	0% (no 09/10 result)	10%	Industry standard
<b>Accountable</b> Realization of UHN's commitment to fiscal responsibility and innovation	Appropriate infrastructure budget to facilitate investments in innovation	Increase non-MOHLTC revenues by 4% annually	Total non-MOHLTC external revenues	\$472 M	\$491M	\$511M	4% increase from 09/10 year end (as per draft strategic plan)
	Balanced budget and meet accountability commitments	Achieve accountability agreement measures and volumes	Total Margin	0%	0%	0%	H-SAA
			Weighted cases	69,800	65,588	69,947	H-SAA
			Current Ratio	0.55	0.50 (HAA Range)	0.55	H-SAA
	Leader in clinical, administrative and information integration in Ontario	Chart completion initiative under MAC leadership	% of discharge summaries completed within 14 days of discharge	85%	83%	85%	Roll-over from 2009/2010
% OR/procedure notes completed within 14 days of discharge			95%	94%	95%	Roll-over from 2009/2010	
<b>Academic</b> Enhance interventional profile in education	Improve trainee satisfaction	Recruit faculty with education expertise	# of peer reviewed education grants (calendar year)	100	77 (2009)	80	20% decrease from 09/10 target
			Rating of teaching and rotation effectiveness by postgraduate medical trainees (academic year)	4.15 (08/09)	4.07 (08/09)	4.15	Roll-over from 2008/2009
				4.5 (08/09)	4.45 (08/09)	4.50	Roll-over from 2008/2009
	# of UHN-hosted CE Events (calendar year)	45	47 (2009)	50	11% increase from 09/10 target		
Enhance IPE/IPC	Develop IPE centre & implement pilot IPE placement model	# of clinical staff obtaining IPE certification (academic year)	40 (08/09)	51 (08/09)	60	50% increase from 08/09 target	