

UHN Balanced Scorecard Quarter 3 Results

Q3 2006/07 Results

Domain	Goal	Indicator	Baseline Value	Quarter Results				Expected Result
			(where we were) <small>Fiscal 04/05 unless noted</small>	(our current results)				(where we hope to reach)
			Q1 (Apr-Jun)	Q2 (Jul-Sep)	Q3 (Oct-Dec)	YTD Q3 (Apr-Dec)	March 31, 2007	
We are a caring, creative, and accountable academic hospital, transforming healthcare for our patients, our community and the world.								
People (We)	Increase staff engagement through:							
	1) Staff and team development	% of survey respondents who rated UHN as good and very good place to work	73% (2003); 76% (Pulse 2004)	Not Available		75%	75%	> or = 73%
		PES participation rates	Will Begin to Collect					
		% FT nurses	80.6%	82.0%	82.1%	82.9%	82.9%	> 80.0%
	Supporting initiative (s):		Employee Opinion Survey, Performance Enhancement System, Educational Program for Nurse Managers, Nursing Renewal Project					
	2) Improved productivity using process improvement	% complete charts - discharge summary (within 14 days of discharge)	No baseline	76.1%	80.0%	80.7%	78.9%	100%
		% complete charts - operative note (within 14 days of discharge)	No baseline	92.8%	92.1%	93.8%	92.9%	100%
	Supporting initiative (s):		Chart Completion					
	3) Improved human resource utilization	Average number of sick hours per employee (12 month rolling average)	64 hours	54	54	54	54	62 hours
		% overtime hours	1.38% (214,060 hours)	1.41% (220,726 hours)	1.44% (226,202 hours)	1.40% (220,061 hours)	1.40% (220,061 hours)	1.35% (209,780 hours)
% voluntary full-time and part-time turnover		6.1% (FT + PT)	6.0%	5.8%	5.7%	5.7%	5.3%	
Loss-time injury		1.4	0.95	1.53	1.03	1.17	< 1.8	
Supporting initiative (s):		Wellness Program, Nursing Resource Teams						
Patient-Centred Care & Program Integration (Caring)	Improve patient-centred care and program integration through:							
	1) Best practices and patient safety	% patients on ventilator bundles in CC	Not Yet Available				100%	
		Incidence of pressure ulcers in elderly	21.0 per 1,000	13.5 per 1,000	12.1 per 1,000	12.4 per 1,000	12.7 per 1,000	16.1 per 1,000
		# of incident reports	3,716 overall 554 near misses	1,217 overall 179 near misses	1,084 overall 196 near misses	Not Available	2,301 overall (Q2) 375 near misses (Q2)	4,088 overall 609 Near Misses
	Supporting initiative (s):		Safer Healthcare Now, Just Culture (Incident Reports), Palliative Care Development, MOE/MAR, Quality of Life Initiatives					
	2) Improved system competency	% of patients admitted via the ER whose wait time to an inpatient bed was > 12 hours	35.8%	37.0%	39.0%	43.1%	40.3%	31.8%
		ED patient satisfaction	unit-based care 65.7%	62.7%	63.3%	62.5%	62.8%	67.7% unit-based care
			physician care 68.7%	67.9%	69.7%	70.5%	69.3%	70.7% physician care
		IP satisfaction-unit based care & physician care	unit-based care 76.6%	76.6%	77.3%	77.2%	77.0%	78.6% unit-based care
	physician care 80.4%		81.0%	80.7%	81.1%	80.9%	82.4% physician care	
	% of surgical cancellations within 48 hours	9.30%	9.2%	8.3%	8.7%	8.8%	8.8%	
Supporting initiative (s):		ED GIM Transformation, OR Transformation, Patient-Centred Care, Chronic Disease Management						
3) Improved system access	Weighted cases-HAA volumes (Inpatient and Day Surgery)	67,369	16,695	16,045	17,216	49,956	63,028 - 66,926	
	WTI volumes	Hip & Knee: 701	202	224	263	689	949	
		MRI & CT: 108,686	27,112	25,726	26,542	79,380	130,627	
		Cataract: 2,454	525	456	474	1455	1,592	
	HAA LOS	Cancer Surgery: 3,341	956	844	940	2740	3,793	
		Relative Acute LOS: 1.08	0.94	1.02	1.06	1.06	1.00-1.18	
	Relative Total LOS: 1.09	0.94	0.99	1.04	1.04	1.02-1.19		
	GIM median LOS	6.0 days	6.0	7.0	6.0	6.0	5.5 days	
Supporting initiative (s):		Patient Repatriation, ED GIM Transformation, OR Transformation						

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We are a caring, creative, and accountable academic hospital, transforming healthcare for our patients, our community and the world.											
Research & Innovation (Creative)	Demonstrate research impact and enhance patient care through:										
	1) Increased research support	Research budget revenue	\$37.7 M	\$36.6 M (2006)				\$32.9 M			
		Total external funding	\$128.6 M	\$132.4 M (2006)				\$135.0 M			
	Supporting initiative (s):		Revenue Generation through increased Commercialization								
	2) Increased research impact	# of citations (three years rolling average) citations from 2003 to 2005 papers (as of July 2006)	28,515	Not Yet Available		36,331	36,331	29,940			
		New clinical trials approved	259	Not Yet Available		264	264	264			
Supporting initiative (s):		Quality Team Innovation Projects, Interdisciplinary Care Model in PMCC, GTX Image Guided Surgery									
Resources & System Integration (Accountable)	Expand innovation capacity through:										
	1) Revenue generation	Foundation capital contribution	\$306.6 K	\$452.6 K	\$5.4 M	\$6.2 M	\$6.0 M			
	Supporting initiative (s):		Foundation Fundraising Priorities								
	2) Financial balance	Energy use index	Q1: 0.52	Q2: 0.51	Q3: TBD	Q4: TBD	0.54 GJ/m2	0.60 GJ/m2	0.63 GJ/m2	1.78 GJ/m2	1% decrease over adjusted baseline
			GJ/m2 (weather adjusted)				2.23	2.07	2.07	2.07	0
			Total margin		0.97		0.70	0.72	0.72	0.72	0.411 - 0.539
	Current ratio	0.76		0.70	0.72	0.72	0.72	0.411 - 0.539			
Supporting initiative (s):		Cost Reductions, Energy Conservation Projects									
3) System integration	# ALC days	13,604	3,046	3,601	3,704	10,351	12,924				
	Ave # of ALC days per ALC patient	8.3	10.3	14	13	12.4	TBD				
Teaching (Academic)	Enhance international profile in education through:										
	1) Increased education capacity	# of clinical fellows per academic year (July 1 to June 30)	291	Not Available				340 (2006)	320		
		# of continuing education events per academic year (July 1 to June 30)	41	Not Yet Available				47 (2006)	47		
	2) Increased educational scholarship	# of peer reviewed education grants per calendar year	45	Not Yet Available				107 (2006)	51		
	3) Enhancing inter-professional education	Amount of funding captured for the building of the ehpic Centre	N/A	Not Yet Available				\$1.2M			
	Supporting initiative (s):		ehpic Centre, Clinical Fellowships Funding, Program Grouping Targets, Education Fellows Supervisor Capacity and Space								

Criteria Rules

- Indicator meeting or exceeding target
- Indicator not yet meeting target, but improvement over baseline
- Indicator not on track to meet target and moving away from baseline (04-05)