



Quarter I Results

April – June 2009

A Message from the UHN Executive: Bob, Catherine, Emma and Justine

We are pleased to share with you the Balanced Scorecard Results for the First Quarter of our 2009/2010 fiscal year. In this summary, we review a number of measures from each of our five domains; including, our organizational commitment score, hospital standard mortality ratio performance and a description of what UHN is doing to improve hand washing across the organization. We also discuss our performance with respect to reducing Emergency Department wait times, clinical research measures and certification in inter-professional education.

Interpreting Results

To see the complete results in colour, go to the intranet page and choose “Balanced Scorecard.”

- Measures marked in “Green” show that we’ve met our target
- Measures marked in “Yellow” show that we have not met our target, but are on track
- Measures marked in “Red” require our continued focus towards the target
- For some measures, our results experience a data lag

Highlights

Domain: We

➤ Measure: Organizational Commitment Score

How we’ve done: *Green*

Organizational commitment is a reflection of the level to which staff feel emotionally connected to UHN, find personal meaning in their work and are motivated to help the organization succeed. In the last Employee Opinion Survey we saw the percentage of UHN staff who felt this way increase from 63% to 66%. We are proud to see that our organizational commitment score is meeting our targets and continuing to improve.

➤ Measure: Leadership Skills Learning

How we’ve done: *Yellow*

Leadership skills learning reflects the number of hours managers/leaders are able to attend various leadership related trainings. UHN is operating in a very challenging fiscal environment where a lot of focus is being directed towards fiduciary responsibility while still providing top quality patient care. Because of this, managers/leaders may not have as much time to focus on personal professional development initiatives. In spite of this reality, we are happy to see that we are making progress towards our target of at least 1% of leadership time being spent on leadership training.

For more information about the Balanced Scorecard, visit the intranet at <http://intranet.uhn.ca/home/strategic%5Fplanning/>

➤ **Measure: % Overtime Hours**

How we've done: *Green*

We continue to be pleased and impressed with our overtime performance. With multiple demands on our time, it is great to see that we are able to achieve organizational performance targets while avoiding unnecessary overtime in doing so.

➤ **Measure: Sick-time Hours**

How we've done: *Red*

Over the next quarter, we will need to monitor and control sick-time hours, which seem to have risen slightly during this past quarter. It is possible that our performance here is reflective of environmental factors such as a heightened awareness around H1N1 procedures; however we will continue to look into this measure and investigate all potentially contributing factors.

Domain: Caring

➤ **Measure: Hospital Standard Mortality Ratio (HSMR)**

How we've done: *Green*

HSMR is a patient safety measure and is calculated by comparing the number of deaths in our hospital to mortality rates in all other hospitals across the country. HSMR is calculated on a national basis by the Canadian Institute of Health Information (CIHI) and is always two quarters behind in reporting because CIHI needs to get all Canadian results prior to doing the calculations. For this measure, scores under 90 are considered very good and scores under 80 are considered exceptional. We should be proud that not only is our current result under 80 (77), but that our results remained at or below 80 throughout the entire 2008/2009 fiscal year. The Executive Team would like to send out a special thank you to all of our staff who contribute every day to UHN's culture of patient safety.

➤ **Measure: Hand Washing Compliance**

How we've done: *yellow*

We are pleased that UHN staff recognize the importance of hand washing, as evidenced by our good performance this quarter, just shy of where we want to be. Our performance this quarter is due to a number of things including increased awareness amongst staff (possibly due to H1N1), education sessions by our Infection Prevention and Control team, hand washing audits, and an ongoing colourful poster campaign splashed across our three hospital sites.

➤ **Measures: % of non-admitted CTAS I & II patients treated within ED-LOS of 8 hours or less, and 6 hours or less for CTAS III** (The most acutely ill patients who need to be seen quickly, i.e. those with no vital signs, severe chest pains, or those in severe respiratory distress)

➤ **% of non-admitted CTAS IV and V patients treated within ED-LOS of 4 hours or less** (These are patients who need to be seen urgently, i.e. those with abdominal pains, tremors, or who are vomiting)

How we've done: *Yellow*

We continue to progress in the right direction for all wait times in the Emergency Department. As we enter into the second year of the Emergency Pay For Results Program we continue to look for opportunities to improve patient flow while providing the best patient care possible. At times, we are challenged to meet both objectives simultaneously but it is also during these times that innovative break-through ideas emerge. The Long-Term Care Emergency Mobile Outreach Team and the Centralized Flow Team are just two examples. Thank you to the ED/GIM leadership and to all hospital staff for ensuring that our emergency patients are seen in a timely manner.

Domain: Creative

➤ **Measure: % Clinical Research Studies Reviewed within target**

How we've done: *Green*

Congratulations to the Research Ethics Board (REB) operations team who has been diligently redefining its processes using LEAN methodologies to reduce turn-around time for the review of clinical research studies. New processes were implemented in Q4 2008/09 and will continue.

➤ **Measure: % Clinical Research Staff UHN trained and certified**

How we've done: *Green*

This measure looks at the proportion of clinical research staff who have undergone specific UHN training and certification. This measure is currently tracking to target, which is directly attributed to increased communication efforts, which have had a positive impact on registration for the program.

Domain: Accountable

➤ **Measures: Discharge Summaries and Operating Notes**

How we've done: *Red*

To ensure timeliness of information, we need to continue to focus on ensuring that discharge summaries and operating notes are completed within 14 days. We have strong systems in place and dedicated staff examining opportunities for efficiencies and we hope to improve our results in upcoming quarters.

Domain: Academic

➤ **Measure: # of clinical staff obtaining IPE certification**

How we've done: *Green*

UHN is committed to fostering and enhancing our level of inter-professional care so we are delighted to see that we have surpassed our target for the number of staff obtaining IPE certification. Collaborative inter-professional care has been shown to lead to a better patient experience; for example, improved communication and coordination of care are only a few of the many benefits of this approach.