



Quarter III Results

October – December 2010

A Message from the UHN Executive: Bob, Emma, Justine, Charlie, Marnie, Scott, Kathy and Sarah

We are pleased to share UHN’s Balanced Scorecard Results for the third quarter of our 2010/2011 fiscal year. In this summary, we review a number of measures including our sick time results, hospital acquired infection rates, and a description of what UHN is doing to improve hand hygiene across the organization. We also discuss our performance with regard to reducing Emergency Department wait times, and provide an update on surgical cancellations, research ethics board (REB) clinical studies reviewed, and discharge summaries.

Overall UHN is responding extremely well to continued pressures of budget and volume, ensuring that we provide quality care for our patients and families. Thanks to all UHN staff who are making this happen

Interpreting Results

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

- Measures marked “Green” show that we’ve met or exceeded our target
- Measures marked “Yellow” show that we have not met our target, but are on track
- Measures marked “Red” require our continued focus towards the target

** For some measures, our results experience a data lag.

Highlights

Domain: We

➤ **Measure: Sick Time**

How we’ve done: Q2 = *Yellow*, Year to Date = *Yellow*

Although we have not met our sick time target we are encouraged that the average sick hours per employee has steadily decreased over the past year and a half. This quarter’s decrease was particularly noteworthy given the recent flu bug.

We will continue our programs promoting wellness in the workplace and raising awareness through educational programs aimed at promoting work life balance, nutrition and exercise.

Domain: Caring

Measure: Hand Hygiene

➤ **How we've done:** Q3 = *Green*, Year to Date = *Yellow*

We are pleased to report that UHN's hand hygiene campaign is demonstrating marked improvements in the percentage of UHN staff who wash their hands prior to patient contact.

The culture of hand hygiene at UHN is crystallizing and more and more people are adopting the concept. The organization now has physician champions as well as senior management champions.

The availability of monthly audit results and having these posted and recognized through the quarterly handout of a trophy to the "best/ most improved" unit has kept the importance of hand hygiene front and centre on our units. Recognition is also now occurring at site leadership forums. IPAC has also been very active in supporting positive deviance.

UHN is also incorporating hand hygiene into the upcoming Quality Improvement Plan to meet requirements for the Excellent Care for All Act – this plan will be posted on our public site as of April 1. Of the many measures that contribute to quality, hand hygiene is the only one that we are ranking as "1" (highest) priority.

➤ **Measure: Hospital Acquired Infections – C. Difficile**

How we've done: Q3 = *Red*, Year to Date = *Red*

This measure has risen significantly in this quarter, despite the continued improvement of hand hygiene at UHN. This demonstrates that we need to pay strict attention to environmental contamination, in addition to hand contamination. We are hopeful that this quarter's result is a short term increase and that our rates will reduce in the next few quarters.

➤ **Measure: ED Wait Times**

How we've done: Q3 = *Green*, Year to Date = *Green*

We are happy to report that UHN has achieved positive ED Wait Time results both over this past quarter and throughout the current fiscal year. Overall, we are ahead of targets

set by the Toronto Central Local Health Integration Network (TC LHIN), significantly reducing wait times for both admitted and non-admitted patients. Our ED teams, in-patient teams and flow managers continue to work on improving the ED experience for patients. Projects like the LEAN initiatives that have been implemented recently to improve the triage registration process in our EDs are examples of our teams' creativity in improving ED performance. This will continue to be an area of focus for UHN for the foreseeable future.

➤ **Measure: Surgical Cancellations**

How we've done: Q2 = *Green*, Year to Date = *Green*

UHN continues to reduce the number of surgical cancellations. The current rate of only 7.7% of scheduled surgeries being cancelled within 48 hours is one of our best results in quite some time.

We will continue to manage the critical balance between unscheduled and scheduled care which is often difficult given our occupancy rates. Our surgical teams demonstrate creativity and commitment in doing everything possible to avoid cancelling surgery. Their effort is appreciated by patients who have had to re-arrange their lives to come into hospital for treatment by one of our excellent surgical teams.

Domain: Creative

➤ **Measure: Clinical Research Studies Reviewed Within 5 Weeks**

How we've done: Q2 = *Red*, Year to Date = *Red*

The Research Ethics Board (REB) oversees research involving human subjects to ensure it meets scientific and ethical standards to protect patients, investigators, and the institution. Each study involving patients at UHN must be reviewed and approved by the UHN REB.

Since exceeding their 80% target in Q1, the UHN REB experienced an unprecedented increase in full board submissions during Q3 (nearly double the number of full board submissions compared to the same quarter in 2009). This increase in studies is a reflection of UHN's status as a research hospital. However, moving forward, we will need to get more investigators reviewing studies at the REB in order to deal with this increase in submissions.

Domain: Accountable

➤ Measure: Discharge Summaries

How we've done: Q2 = *Green*, Year to Date = *Green*

UHN continues to do well in ensuring that discharge summaries and OR procedure notes are completed in a timely fashion (within 14 days) following patient discharge. Despite encouraging results, we know we can do even better. Beginning in the new fiscal year, we have committed to narrow the “timely fashion” window by changing the 14 days timeline to 7 days, while keeping the target the same. Doing this will enhance patient care and safety across the organization.