



Quarter IV Results

January – March 2011

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

We are pleased to share UHN’s Balanced Scorecard Results for the fourth and final quarter of 2010/11. In this summary, we highlight and review a number of measures, including our Organizational Commitment Score and hospital acquired infection rates. In addition, we will discuss our performance towards reducing Emergency Department wait times and ALC Days, and provide an update on IPE Certification. Lastly, we provide a preview of the 2011/12 Balanced Scorecard.

Overall, UHN continues to respond well to ongoing internal and external pressures. Moving forward to 2011/12, we are confident in our ability to continue to provide quality care for our patients and families. Thanks to all UHN staff who contribute to UHN’s success.

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: Organizational Commitment Score

➤ **How we’ve done:** Q4 - Red, Year to date - Red

The Organizational Commitment Score is a measure of employee engagement that reflects the extent to which employees identify with UHN and are committed to the organization’s goals and objectives. Our Organizational Commitment Score in the Employee Opinion Pulse Survey has seen a slight reduction this year. We expect that

hiring and compensation restrictions over the past year have contributed to this result. Though some of these restrictions are beyond our control, we would like to assure you that we are developing strategies to promote positive changes in the face of restricted health-care funding moving forward. Currently, managers are sharing EOS Pulse results and facilitating action planning with staff. This process will engage staff in setting goals and making plans for improvement that will help us achieve better workplace results. Human Resources will be identifying corporate-wide priorities for improvement, such as compensation reviews, formal succession planning, increased investment in leadership development and employee recognition. We are hopeful that these initiatives will help to increase our Organizational Commitment Score in the coming year.

Domain: Caring

Measure: Hospital Acquired Infections – C. Difficile, MRSA and VRE

➤ **How we've done:** *Q4 – Red, Year to Date – Red*

The hospital acquired infection rate has seen a slight increase this quarter, despite unrelenting promotion and improvement in hand hygiene, as well as enhanced environmental cleaning. Unfortunately, infection can spread through multiple avenues within the hospital. This reminds us that we need to focus on other methods of infection prevention, in addition to continuing improvement in hand hygiene. Infection rate increases can largely be explained by the unprecedented number of influenza inpatients from December to February, which overwhelmed the organization's isolation capacity at a time when many staff were ill. As a result of the increasing rates, an external review of our infection control practices was conducted in February. The review revealed that although UHN's approach is sound, there is some room for improvement with respect to cleaning of multiuse equipment and antimicrobial stewardship. Fortunately, we are now starting to see our infection rates decrease. In addition, we are currently conducting a review on housekeeping capacity and processes, to ensure that we are meeting best practice standards. We are hopeful that with continued, hospital-wide effort, we will see a reduction in our rates over the next few quarters.

Measure: Emergency Department (ED) Wait Times

➤ **How we've done:** *Q4 – Green, Year to Date – Green*

We are pleased to report that UHN has achieved increasingly positive ED Wait Time results for Q4, as well as throughout 2010/11. We have exceeded targets set-out by the Toronto Central Local Health Integration Network (TC-LHIN), considerably reducing wait times for both admitted and non-admitted patients. These results are largely due to a collaborative effort between ED teams, inpatient teams and managers who have collectively worked to reduce bottlenecks in the ED and increase patient flow. As a result, our patients are benefiting from increased access to quality care. Continued collaborative efforts to further reduce ED Wait Times will remain a priority moving forward.

Measure: Alternate Level of Care (ALC) Days**How we've done:** *Q4 – Green, Year to Date – Green*

In addition to a reduction in ED Wait Times, we have also successfully managed to keep the average number of days an ALC patient is waiting to be transferred to a non-acute care facility below the 16 day target that we set-out. We have forged stronger partnerships with organizations such as Bridgepoint Health, the CCAC and TRI in the past year in order to maintain our focus on reducing ALC days. Moving forward, we will also continue to implement various initiatives focused on further optimizing discharge processes, continuing to improve transitions to other levels of care for ALC patients, and supporting patients to live at home for longer periods of time, along with our community partners.

Domain: Academic**Measure: Number of clinical staff obtaining Inter-Professional Education (IPE) certification****How we've done:** *Q4 – Green, Year to Date – Green*

Of note this year is that UHN exceeded its balance scorecard target for the number of staff with IPE certification. Over the past few years, UHN has trained over 150 IPE facilitators and leaders through the Centre for IPE's international *Epic* course, UHN's in-house facilitator training led by Patti McGillicuddy, and a new provincial *Collaborative Change Leadership* (CCL) program developed at UHN and led by Maria Tassone. The CCL program was highly successful in building the knowledge, skills and capacity of 58 health care leaders to lead transformative, systemic change initiatives in an inter-professional context across Ontario. Our aspiration for the CCL program is that it becomes the first of many UHN exemplars of executive leadership education.

Looking Forward to 2011-12

We would like to thank all of our staff for their hard work and dedicated contributions to helping us achieve our strong performance this year. We are happy to see that our collaborative work effort has helped to achieve a decrease in ED Wait Times and ALC days. Furthermore, we are very proud that more staff are obtaining their IPE certification. We look forward to continuing these trends into the coming year.

Our results in the “We” domain indicate that we are continuing to realize the challenges associated with restricted health-care funding. We will continue to monitor these results and implement initiatives to increase organizational commitment and employee satisfaction.

Moving forward, we will continue to promote hand hygiene and improve environmental cleaning hospital-wide. In addition, we will work to ensure we are meeting best practice standards for cleaning equipment and housekeeping. Together, we hope that these efforts will help reduce our hospital acquired infection rates as we move ahead.

Looking ahead to 2011/12, we will be making a few slight changes to our performance indicators in order to align our priorities to our new strategic plan: Strategic Directions 2016: Global Impact - Local Accountability. The new Balanced Scorecard will be launched in Q1 of 2011/12.