

Balanced Scorecard Highlights

Highlights from 2013-14 first quarter (April to June)



Opportunity for Improvement Generated ■

Opportunity for improvement (OFI) generated is a new measure on the 2013/14 Balanced Scorecard. Various units at UHN are actively engaged in LEAN initiatives including staff huddles. When a staff member highlights a barrier, challenge or improvement opportunity during a huddle, it is captured as an OFI. The OFI is recorded on a special form that is posted on the unit's performance board. Approximately 60% of staff OFI's are actioned! To date, UHN's staff has cumulatively created 511 improvement opportunities – an outstanding result for an organization new to using this LEAN method. LEAN initiatives and principles allow us to see challenges in a new way so they can be addressed and improved by our innovative staff. Toyota introduced LEAN principles 50 years ago, and there is much to learn. Last year Toyota's Kentucky plant had approximately 400,000 OFIs - if all our dedicated people are looking for Opportunities for Improvement we may challenge Toyota.

Central Line Infections ■

Our central line infection (CLI) rate is a new measure that has been added to the 2013/14 Balanced Scorecard and is also part of UHN's Quality Improvement Plan. This measure captures the number of incidents divided by 1000 catheter days in all the ICUs at UHN. This quarter, our CLI rate was 1.21 which is above our baseline and target. In order to improve our infection rate we will implement education programs focusing on best practice in vascular line maintenance, update the vascular access policy, maximize the use of CLI reduction devices (example – the SwabCap) and perform regular audits on dressings.

Hand Hygiene ■

Our focus on hand hygiene over the last three years has propelled UHN to a new record high for our hand hygiene compliance rate! Our hand hygiene rate before patient contact for the first quarter was 90.4% which exceeds our target of 88% and surpasses our baseline of 87.2%. We would like to thank all of our staff for their continued dedication toward infection control and hand hygiene. Let's keep up this important work!

- Meets or exceeds target
- Does not meet target, but on track
- Requires continued focus

For more information on the Balanced Scorecard visit

<http://intranet.uhn.ca/home/strategic%5Fplanning/>

ED Length of Stay

Our 2013/14 first quarter score for ED Length of Stay was 24.8 hours, which is above our target of 24 hours. This means that 90% of our admitted ED patients went to their in-patient floor slightly above the target time. We continually strive to improve patient flow through implementation of various initiatives including more timely consults and faster access to inpatient care. These process improvements will reduce the ED length of stay for admitted patients and enhance the patient experience.

Invention Disclosures

Invention disclosures is a new measure added to UHN's Balanced Scorecard, as we work to maximize healthcare impact from the intellectual property (IP) created by our scientists and clinicians. Commercializing IP is a multi-stage process that begins with an invention disclosure which is a full description of a new healthcare product and service related research findings. UHN's Office of Technology Development and Commercialization will then secure, manage and register UHN staff's intellectual property that is suitable for IP protection. The IP can then be transferred to external partners for further development, or developed further in our facilities. Invention disclosure is an essential "first step" and significant marker of commercialization activity and potential success of our innovators. The UHN result of 20 invention disclosures was slightly below target for this quarter.

Hospital Standardized Mortality Rate

Hospital standardized mortality rate (HSMR) is an important measure that provides a baseline to assess mortality rates, identifies areas to help reduce hospital deaths and improve quality of care in Canadian hospitals. This measure compares the actual number of deaths in a hospital with the average Canadian experience. It adjusts for factors that affect in-hospital mortality rates, such as patient age, sex, diagnosis and admission status. HSMR is measured by examining observed death over expected deaths, multiplied by 100. An HSMR greater than 100 suggests that the local mortality rate is higher than the overall average and less than 100 suggests that the local mortality rate is lower than the overall average. UHN's HSMR for the first quarter was 86.9, which is below our target of 95 and baseline of 89.4, surpassing the results of our peer hospitals.

BALANCED SCORECARD

Results from 2013-14, Quarter One (Apr - Jun)

Domain	5 Year Goal	Objective	Measure	13/14 Baseline	Q1 (Apr-Jun)	13/14 Target
WE	Continue to build organizational capability and capacity	Create work environment that promote excellence and innovation in practice, education and research	Overtime rate	1.00%	1.06%	0.98%
			Average sick hours per employee for the last 12 months	55.7	55.2	54.0
			Voluntary turnover rate	5.0%	4.6%	5.0%
CARING	Become a world leader in documenting and improving patient outcomes	Enhance all elements of patient safety	Hospital standard mortality ratio	89.4	86.9	95.0
			C. Difficile rate (per 1000 patient days)	0.47	0.37	0.42
		Substantially reduce hospital-acquired infections	Hand hygiene rate	87.2%	90.4%	88.0%
	Central line infections		0.69	1.21	0.68	
	Transform "patient centred care" to "patients as partners in care"	Improve patient access to quality treatment	ED length of stay for admitted patients (90th percentile in hours)	25.0	24.8	24.0
			Percent of eligible organ donors converted to actual organ donors	50.0%	33.0%	90.0%
			Percent of surgeries (avoidable) cancelled within 48 hours	4.6%	4.2%	4.4%
			Inpatient satisfaction score	81.1%	81.0%	80.0%
			Percent of discharge summaries completed within 7 days of discharge	83.8%	84.0%	85.0%
			Percent of OR/Procedure notes completed within 7 days of discharge	90.1%	91.4%	95.0%
Percent of inpatient days designated as ALC			10.1%	10.0%	8.5%	
30-day readmission rate	17.99%	14.42%	19.80%			
Measure and improve the value of care	Improve internal program integration, discharge planning and community transitions	Onset days to rehab	10	6	9	
CREATIVE	Further our understanding of the basis of health and disease through biology and technology platforms	Create and disseminate new knowledge	Citations	109,229	77,394	114,690
			Total value of all grant funding	\$60.3M	\$76.2M	\$305.0M
			Invention disclosures		20	114
	Enable the collection, analysis, and application of health information	Implement a comprehensive IT system linking clinical and research information	Co-ordinated Approval Process for Clinical Research (CAPCR) tool		25%	100%
	Leverage experimental therapeutics and health services research to impact the lives of patients	Conduct high quality health studies	Turn around time for REB review of clinical research studies	85.3%	83.2%	85.0%
Percentage of studies at zero accrual			18.1%	15.3%	13.5%	

BALANCED SCORECARD

Results from 2013-14, Quarter One (Apr - Jun)

Domain	5 Year Goal	Objective	Measure	13/14 Baseline	Q1 (Apr-Jun)	13/14 Target
ACCOUNTABLE	Enable the creation of new physical space for our clinical programs, operations, research, and education areas	Enhance energy and environmental stewardship	Total energy consumption	306,618	304,275	273,555
	Optimize productivity and integration of care through next-generation information management and technology	Process improvement will be part of our culture	Opportunity for improvement generated	311	511	750
ACADEMIC	Position UHN as the institution of choice for trainees	Increase the quality of educational experiences	Percent of nursing students who felt prepared to begin their placement after orientation	68%	75%	75%
	Continue to pioneer new models of teaching and learning	Increase the number of UHN health professionals trained and certified in interprofessional education	Student participation in interprofessional education	54%	62%	60%