

Balanced Scorecard Highlights

2013-14 second quarter (July to September)



Alternate Level Care (ALC)

In Q2, **ALC days represented 8.5% of bed days**, achieving the target value from UHN's annual Quality Improvement Plan. Much of this success is attributable to an increased focus on ALC performance at the unit level. An ALC clinical lead was recently identified for each unit, to function as a single point of contact for discharge planning and ALC documentation. In addition, the LEAN work mentioned below has helped to reduce ALC days and will be an important process moving forward.

Central Line Infections (CLI)

To measure CLI we capture the number of incidents divided by 1000 catheter days in all the ICUs at UHN. **In Q2, our CLI rate was 1.21 which is not meeting our baseline or target.** In order to improve our infection rate we will continue implementing 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.

Grant Funding

UHN was named **Canada's top funded research hospital** in Research Infosource's Top 40 Research Hospitals in Canada List 2013. The annual study examined research hospitals across the country and ranked them according to research income. UHN led the nation in research income with \$302.3 M for the fiscal year of 2012 and we are already off to **a great start this year on the path to reach our goal of \$305 M with \$157.3 M in grants year-to-date.**

Opportunity for Improvement Generated (OFI)

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. **In Q2, we had 199 OFIs which brings our year to date total to 710 which puts UHN very close to our yearly target.** LEAN continues to yield promising results and is helping to improve other measures on the Balanced Scorecard! For example, to-date 5 rapid improvement events have been held related to discharge planning, with 23 ALC specific opportunities for improvement identified. For spine patients, the average number of ALC days across the continuum of care has decreased by 3 since 2011/12.

BALANCED SCORECARD

Results from 2013-14, Quarter Two (Jul - Sep)

Domain	5 Year Goal	Objective	Measure	13/14 Baseline	Q1 (Apr-Jun)	Q2 (Jul-Sep)	YTD	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%	1.04%	1.12%	1.08%	0.98%
			Average sick hours per employee for the last 12 months	55.7	55.2	54.7	54.7	54.0
			Voluntary turnover rate	5.0%	4.6%	5.1%	5.1%	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	95.4	89.7	95.0
			C. Difficile rate (per 1000 patient days)	0.47	0.37	0.49	0.43	0.42
		Substantially reduce hospital-acquired infections	Hand hygiene rate	87.2%	90.4%	92.2%	91.3%	88.0%
			Central line infections	0.69	1.21	1.21	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	22.0	23.4	24.0
			Percent of eligible organ donors converted to actual organ donors	50.0%	33.0%	25.0%	29.0%	90.0%
			Percent of surgeries (avoidable) cancelled within 48 hours	4.6%	4.2%	4.9%	4.5%	4.4%
			Inpatient satisfaction score	81.1%	81.7%	85.5%	83.5%	80.0%
			Percent of discharge summaries completed within 7 days of discharge	83.8%	84.2%	85.3%	84.7%	85.0%
			Percent of OR/Procedure notes completed within 7 days of discharge	90.1%	91.9%	93.3%	92.6%	95.0%
			Percent of inpatient days designated as ALC	10.1%	10.0%	8.5%	9.3%	8.5%
			30-day readmission rate	17.99%	14.42%	16.93%	15.79%	19.80%
	Measure and improve the value of care	Improve internal program integration, discharge planning and community transitions	Onset days to rehab	10.0	6.0	7.0	6.5	9.0
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	89,288	89,288	114,690
			Total value of all grant funding	\$60.3M	\$76.2M	\$81.1M	\$157.3M	\$305.0M
			Invention disclosures		20	22	42	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%	50%	50%	100%

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CREATIVE	Leverage experimental therapeutics and health services research to impact the lives of patients	Conduct high quality health studies	Turn around time for CAPCR review of clinical research studies	85.3%	83.2%	85.6%	84.4%	85.0%
			Percentage of studies at zero accrual	18.1%	15.3%	21.1%	18.2%	13.5%
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	593,745	304,506	280,187	584,693	529,549
	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	199	710	750
ACADEMIC	Position UHN as the institution of choice for trainees	Increase the quality of educational experiences	Rating of teaching effectiveness scores by postgraduate medical trainees	4.42		4.43	4.43	4.44
			Rating of rotation effectiveness scores by postgraduate medical trainees	4.20		4.15	4.15	4.14
			Percent of nursing students who felt prepared to begin their placement after orientation	68%	75%		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%		62%	60%