

# Balanced Scorecard Highlights

2013-14 third quarter (October to December)



## Organ Conversion Rate

**The organ conversion rate for Q3 was 25%.** This result represents achieving donation in 1 of 4 possible organ donors. Trillium Gift of Life Network is responsible for contacting families of potential donors to determine if they are willing to consider making the gift of life. UHN can increase the chances of improving our organ conversion rate by referring all probable cases for organ donation to the Trillium Gift of Life Network as soon as possible.

## Energy Consumption

UHN's **total energy consumption is less than last year's baseline, once adjusted for weather. However, we are still below our target for achieving energy savings.** In order to improve energy efficiency, we need to continue to focus on running our buildings more efficiently, installing LED lighting and light sensors, and raising overall staff participation in energy conservation programs.

## Hospital Standardized Mortality Rate (HSMR)

HSMR is an important indicator that provides a measurement to assess mortality rates and identify methods that may reduce potentially avoidable hospital deaths. The average Canadian HSMR is 100 and a lower score shows better mortality results. **UHN's HSMR for Q3 was 83.0, which is below our target of 95 and below our baseline of 89.4,** surpassing the results of our peer hospitals.

## Central Line Infections (CLI)

**In Q3, our CLI rate improved significantly from Q2 and reached our target of 0.68.** The results are a great improvement and are a testament of the hard work by management and front-line staff in our ICUs. Central line infections will remain a priority at UHN and will be on our 2014/15 Quality Improvement Plan which is reported to the MOHLTC. Management has put together a plan to improve the CLI rate going forward by furthering education initiatives for staff, improving response time for bed side peripherally inserted central catheters at TGH, implementing vascular access assessments in daily huddles, trialing CHG baths in the MSNICU, reviewing dressings and implementing a vascular access committee.

# BALANCED SCORECARD

Results from 2013-14, Quarter Three (Oct - Dec)

| Domain                                      | 5 Year Goal   | Objective  | Measure   | 13/14 Baseline                            | Q1 (Apr-Jun) | Q2 (Jul-Sep) | Q3 (Oct-Dec) | 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%        | 1.15%        | 1.10%    | 0.98%        |
|   |   |  | Average sick hours per employee for the last 12 months              | 55.7                                      | 55.2         | 54.7         | 56.1         | 56.1     | 54.0         |
|   |   |  | Voluntary turnover rate   | 5.0%                                      | 4.6%         | 5.1%         | 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                                      | 84.3         | 91.1         | 83.0         | 86.1     | 95.0         |
|   |   |  | Substantially reduce hospital-acquired infections                   | C. Difficile rate (per 1000 patient days) | 0.47         | 0.37         | 0.49         | 0.54     | 0.47         |
|   |   | Hand hygiene rate  |   | 87.2%                                     | 90.4%        | 92.2%        | 92.2%        | 91.6%    | 88.0%        |
|   |   | Central line infections  |   | 1.06                                      | 1.21         | 1.21         | 0.68         | 1.04     | 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         | 25.3         | 24.1     | 24.0         |
|   |   |  | Percent of eligible organ donors converted to actual organ donors   | 50.0%                                     | 33.0%        | 25.0%        | 25.0%        | 28.0%    | 90.0%        |
|   |   |  | Percent of surgeries (avoidable) cancelled within 48 hours          | 4.6%                                      | 4.2%         | 4.9%         | 4.6%         | 4.6%     | 4.4%         |
|   |   |  | Inpatient satisfaction score  | 81.1%                                     | 81.7%        | 85.5%        | 87.2%        | 84.5%    | 80.0%        |
|   |   |  | Percent of discharge summaries completed within 7 days of discharge | 83.8%                                     | 84.2%        | 85.4%        | 84.4%        | 84.7%    | 85.0%        |
|   |   |  | Percent of OR/Procedure notes completed within 7 days of discharge  | 90.1%                                     | 91.9%        | 93.9%        | 92.0%        | 92.8%    | 95.0%        |
| Percent of inpatient days designated as ALC |   |  | 10.1%   | 9.6%                                      | 8.2%         | 9.9%         | 9.3%         | 8.5%     |              |
| Measure and improve the value of care       | Improve internal program integration, discharge planning and community transitions                    | 30-day readmission rate  | 17.99%  | 14.60%                                    | 17.00%       | 17.03%       | 16.20%       | 19.80%   |              |
|   |   | Onset days to rehab  | 10.0  | 6.0                                       | 7.0          | 7.5          | 7.0          | 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       | 104,013      | 104,013  | 114,690      |
|   |   |  | Total value of all grant funding                                    | \$60.3M                                   | \$76.2M      | \$81.1M      | \$69.1M      | \$226.4M | \$305.0M     |
|   |   |  | Invention disclosures   |   | 20           | 22           | 38           | 80       | 114          |

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|-------------|--|--|--|----------------|--------------|--------------|--------------|---------|--------------|
| CREATIVE    | 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%          | 70%          | 70%     | 100%         |
|             | 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%        | 80.3%        | 83.0%   | 85.0%        |
|             |  |  | Percentage of studies at zero accrual  | 18.1%          | 15.3%        | 21.1%        | 18.0%        | 18.1%   | 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      | 352,548      | 944,119 | 866,540      |
|             | 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          | 710          | 871          | 871     | 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 (TES)           | 4.42           |              | 4.43         |              |         | 4.44         |
|             |  |  | Rating of rotation effectiveness scores by postgraduate medical trainees (RES)           | 4.20           |              | 4.15         |              |         | 4.14         |
|             |  |  | Percent of nursing students who felt prepared to begin their placement after orientation | 68.0%          | 75.0%        | 75.0%        | 62.0%        | 68.5%   | 75.0%        |
|             | 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%          | 64%          | 63%     | 60%          |