.u	е	Goal		Baseline Value		Quarter Results	Target	
Domain	Theme		Measure	(where we were) (09/10 Year End unless articulated)	Q1 (Apr-Jun) unless articulated	(our current results) Q2 (July-Sep) unless articulated	Year to Date (Apr-Sep) unless articulated	(where we hope to reach) March 31, 2011
We	we have ople to strategies	Attract & retain the best people	Organizational commitment score	63%	58% (09/10 pulse survey		)	65%
	Ensure that we have the best people to sliver on our strategie	Create a high performance culture	Leadership skills learning	0.48%	0.46% 0.25%		0.34%	1%
	ure tha e best <sub>i</sub> r on o	Enhance organizational capacity through employee safety and wellness	% Overtime hours (monthly average)	1.04%	0.91% 1.05%		0.99%	1%
	Ensure that the best pe deliver on our		Average sick-time hours per employee (12 month rolling average)	57.5	56.5	56.1		50
		Make UHN safer for our patients	Hospital Standard Mortality Ratio	90 (best practice)	73 (09/10 Q3)	76 (09/10)		<85
			Hopsital acquired infection rate C.Difficile cases per 1000 patient days	0.54 (09/10 target)	0.53	0.51	0.52	0.49
	ment		Hospital acquired infection rate MRSA cases per 1000 patient days	0.35 (09/10 target)	0.48	0.48	0.48	0.32
	nviron		Hospital acquired infection rate VRE cases per 1000 patient days	0.26 (09/10 target)	0.23	0.49	0.36	0.23
	Deliver safe, patient-centred care in an integrated care delivery environment		% of UHN staff who wash their hands prior to patient contact		39%	64%	55%	70%
			Pressure ulcer incidence	7.7% (09/10 target)	7.4% (09/10)			7.0%
		Improve access to care and satisfaction for our patients	Inpatient satisfaction scores	78.8% (09/10 Q3 YTD)	79.1% (09/10 Q4) 80.6% (10/11 Q1)		79.7%	
bu			% of potential eligible organ donors that were converted to actual organ donors	27% (new)	29% (09/10)	25% (10/11 Q1)		75%
Caring			Surgeries cancelled within 48 hours	8.9%	8%	7.8%	7.9%	8.4%
		Enhance system partnerships to integrate care processes for our patients	Average # of days an ALC patient is waiting in a hospital bed	16.7 days (09/10 Q3 YTD)	13.2	15.9	14.3	16.0 days
			Percent improvement of patients treated in the ED within LHIN wait time benchmarks	TGH: CTAS I-III: 81.6% CTAS IV-V: 78.0% Admitted Pts: 19.7%	29.1%	30.9%	30.0%	TGH: 15.1%
				TWH: CTAS I-III: 89.0% CTAS IV-V: 80.2% Admitted Pts:	22.7%	9.9%	16.0%	TWH: 15.1%
			Admitted patients who's ED-Length-of-Stay (LOS) is $\leq 8$ hours	TGH: 1,427 TWH: 1,368	695	822	1517	TGH: 1,814
					668	524	1192	TWH: 1,743
			Non-admitted CTAS IV-V patients who's ED-	TGH: 7,510	2059	2092	4151	TGH: 7,990
			LOS is < 4 hours	TWH: 11,894	3070	3272	6342	TWH: 12,629

## UHN 2010/11 Balanced Scorecard - Q2 Results

Domain	Theme	Goal	Measure	Baseline Value (where we were) (09/10 Year End unless articulated)	Quarter Results   (our current results) Year to Date (Apr-Sep)   Q1 (Apr-Jun) Q2 (July-Sep) unless unless articulated   unless articulated articulated articulated		Target (where we hope to reach) March 31, 2011	
Creative	Demonstrate research impact and enhance patient care	Financially sustainable research enterprise	Revenue dollars from commercialization	\$1.5M (09/10 target)	\$86.2K	\$240.1K \$326.4K		\$1.75M
			Total value of all grant funding	\$255M (09/10 target)	\$64M	\$73M \$137M		\$265M
		UHN is the premier research hospital in Canada	% of clinical research studies reviewed within 5 weeks	76%	83.7%	70.3% 76.8%		80%
		UHN is the leader in research for clinical practice and care delivery	Percentage of clinical regulated research professionals trained and credentialed	0% (no 09/10 result)	11%	9%	20%	50%
			Internally reviewed/audited clinical trials	2.30%	0.72%	0.35% 1.07%		2.50%
Accountable	Realization of UHN's commitment to fiscal responsibility and innovation	Appropriate infrastructure budget to facilitate investments in innovation	Total non-MOHLTC external revenues	\$491M	118M	144M	262M	511M
		Balanced budget and meet accountability commitments	Total margin	0%	2.64%	2.34%		0%
			Weighted cases	65,588	19,589	18,656	38,245	69,947
			Current ratio	0.50 (HAA Range)	0.94	0.99		0.55
		Leader in clinical, administrative and information integration in Ontario	% of Discharge summaries completed within 14 days of discharge	83%	88.4%	88.0%	88.2%	85%
			% OR/Procedure Notes completed within 14 days of discharge	94%	95.5%	94.40%	95%	95%
Academic	Enhance international profile in education	Improve trainee satisfaction	# of peer reviewed education grants (calender year)	92 (2008)	117 (2009)			100 (2009)
			Rating of teaching and rotation effectiveness by postgraduate medical trainees (academic year)	RES = 4.04 / 5 (07/08) TES = 4.41 / 5 (07/08)	RES = 4.07 / 5 (08/09) TES = 4.45 / 5 (08/09)			RES = 4.15 / 5 TES = 4.5 / 5
			# of UHN-hosted CE Events (calender year)	40 (2008)	47 (2009)			45 (2008)
		Enhance IPE/IPC	# of clinical staff obtaining IPE certification (academic year)	40 (08/09)	67 (09/10)			60

## UHN 2010/11 Balanced Scorecard - Q2 Results

## Statement A

## University Health Network Hospital Service Accountability Agreement (H-SAA) Indicators For the Six Months Ended September 30, 2010

	Reporting Month	YTD Actual	YTD Target	Variance		HAA Target 10-11*	HAA Range
2010/11 Global Volumes and Performance	ce Indicators						
Total Weighted Cases	YTD September	38,245	34,974	3,271		69,947	67,848-72,04
Mental Health Patient Days	YTD September	4,919	4,990	(71)	А	9,979	> 8,981
Emergency Visits	YTD September	46,900	35,037	11,863		70,074	> 65,169
Ambulatory Care Visits	YTD September	445,113	395,656	49,458		791,311	>743,832
Percent Full-time Nurses	YTD September	87.34%	81.00%	6.3%		80.98%	> 79.98%
Current Ratio	YTD September	0.99	0.55	0.44		0.55	0.5-0.61
Total Margin	YTD September	2.34%	-2.00%	4.34%		-2.00%	0.00%
2010/11 Critical Care Funding							
% Beds Open to Criticall as Scheduled:	TGH YTD September	45.1%	TBD	TBD	TBD*	TBD	I
	TWH YTD September	70.0%	TBD	TBD	TBD*	TBD	Ī
2010/11 Protected Services							
Cardiac Catheterization	YTD September	2,937	3,168	(231)	В	6,335	Ι
Cardiac Surgery	YTD September	734	799	(65)	В	1,597	I
Chronic Kidney Disease (weighted units)	YTD September	67,302	76,515	(9,213)	С	153,029	
Organ Transplantation (cases)	YTD September	194	220	(26)	А	439	
Cardiac Rehabilitation (# of patients)	YTD September	127	200	(73)	В	400	l
2010/11 Wait Time Services							
						Base + Incremental	
Hip and Knee Joint Replacements	YTD September	526	511	15		1,022	T
Magnetic Resonance Imaging (Hrs)	YTD September	19,056	15,368	3,688		30,736	Ī
Computerized Axial Tomography (Hrs)	YTD September	10,825	9,024	1,802		18,047	]
2010/11 Cancer Care Ontario Funded							
						Base + Incremental	
Radiation Therapy	YTD September	4,741	4,925	(184)	А	9,850	T
Systemic Therapy	YTD September	3,021	3,100	(79)	А	6,200	İ
Surgical Oncology	YTD September	1,924	1,982	(58)	А	3,964	T

A Fluctuation month-to-month - being monitored

B Unearned revenues largely offset by expense savings

Green - meeting or exceeding target Yellow - between baseline and target Red - below baseline

C LHIN target is historically too high, unearned revenue is offset by expense savings

\* 2010/2011 Targets based on Amending Agreement dated April, 2010 and LHIN letter dated July, 2010 and CCO letters dated February and July, 2010. TBD\* This target will be inserted upon the LHIN's acceptance of the recommendations of the

LHIN's Clinical Service Leadership Team (CSLT)