

UHN Corporate Balanced Scorecard

2008/2009

Domain/ Theme	Goal	UHN Measures	Target (08/09)	Baseline (07/08) Year End Results Unless Otherwise Articulated)	Target (07/08)	Benchmark	Initiative	Data Definition/Formula
WE: Ensure that we have the best people to deliver on our strategies	Attract the best people	% New employee turnover	17% (20% reduction)	21.2%	New	Internally Driven	Improve new employee on-boarding process	Voluntary turnover for permanent FT & PT employees with less than 24 months service. Formula = new employee departure / total new employees
	Retain the best people	% EOS organizational commitment score	65%	63% (Pulse Survey)	60.5%	55.2%	Address EOS initiatives at unit/dept level	Measure is derived from the Employee Opinion Survey and is the sum of 8 questions averaged into one measure. It reflects the level to which employees feel emotionally connected to the organization, feel positively about UHN, find personal meaning in their work and are motivated to commit the time and effort to help the organization succeed
		% Improvement in supervisor skill assessment	10% improvement	New	New	Internally Driven	Enhance leadership capacity	Average score of participants and their managers on the skills assessment survey at start of program compared to one year later. Baseline reflects the results of the first and second cohort group
	Optimize human resource utilization (Productivity)	% participation in PES discussions	80% non-union & 30% union	71.5% non-union & 14.5% union (FY 06/07)	80% non-union & 30% union	100%	Align PES with engagement & productivity	Percent of eligible employees having completed a year end PES discussion Formula = # of managers reporting electronically having completed a PES year end discussion / # of employees eligible for a performance review
		% overtime hours (monthly average)	1.35%	1.45%	1.35%	1.50%		Monthly average of overtime hours Formula = total overtime hours in reporting month / total worked hours in reporting month
		Monthly average sick-time hours per employee	52 (UHN) or 4% reduction (Unit Level)	53.1	58	65.25		Year end 4% reduction in sick hours compared to last year's fiscal year reported. Formula = Total sick hours in reporting month / Average # of employees on payroll in the reporting month
CARING: Deliver safe, patient-centred care in an integrated care delivery environment	Make UHN safer for our patients	Hospital Standard Mortality Ratio	<90	88	41.2 per 1000 (new methodology for 08/09)	<100	SHNI Interventions, Palliative Care Coding, Chart Audit	A ratio of observed to expected deaths multiplied by 100 (CIHI Definition)
		Hospital acquired infection rates (MRSA, VRE, C.Difficile)	0.50 cases per 1000 pt-days (10% reduction)	0.56 (C.diff)	5.1	0	C. Difficile	Incidence of patients contracting Clostridium Difficile (C.Difficile) while in hospital (rate per 10,000 patients)
			0.41 cases per 1000 pt-days (10% reduction)	0.46 (VRE)	4.6	0	VRE	Incidence of patients contracting Vancomycin Resistant Enterococci (VRE) while in hospital (rate per 10,000 patients)
			0.37 cases per 1000 pt-days (10% reduction)	0.41 (MRSA)	4.7	0	Hand hygiene - linked to MRSA rate	Incidence of patients contracting Methicillin-resistant Staphylococcus aureus (MRSA) while in hospital (rate per 10,000 patients)
	Pressure ulcer incidence	11.5%	12.1% (Nov)	7.7%	0%	Interprofessional Unit-Based Strategy Development	Incidence of patients who have developed pressure ulcers while hospitalized (of all patients)	
	Improve access to care and satisfaction for our patients	Ambulatory Oncology patient satisfaction (Emotional Support dimension)	62% (2% increase)	60%	New	Not Applicable	Cancer Program Ambulatory Care Redesign	Percent of ambulatory oncology patients who are "very satisfied" with the emotional support provided by their healthcare team
		Inpatient satisfaction scores	77.6% (1% increase)	76.8% (Q2 07/08)	80.2%	Not Applicable	Patient Centred Care	Percent of inpatients who are "very satisfied" with the perceived skill, communication and sensitivity of nurses and the quality of care provided by the nursing team
		Surgeries cancelled within 48 hours	8.4%	9.6%	8.4%	Not currently identified (may be established through SETP)	OR Transformation	This measure describes the cancellation rate of booked OR cases within 48 hours of surgery. Formula = The total number of scheduled cases cancelled / the total number of cases
	Enhance system partnerships to integrate care processes for our patients	Average ALC days	11.9 days (10% reduction)	13.2	10.9	Not currently identified (being investigated with CIHI)	Partnerships for system improvement: (ALC and patient flow; Palliative Care)	This measure describes the number of Alternate Level of Care (ALC) patients waiting and averages their period of stay designated as ALC. Measures efficiency of managing ALC patients towards discharge
		% CTAS 3 patients admitted to inpatient unit within the provincial standard of 6 hours	63% (10% improvement)	57.5%	90%	90%		Percentage of patients admitted via the ED who wait less than the CTAS stratified benchmark (6 hours) to be transferred to an inpatient bed ("ED triage" to "toes in IP bed") or discharge. This indicator is associated with efficiency within the ED and within the hospital, as well as with ED patient satisfaction
% CTAS 4 & 5 patients discharged within the provincial standard of 4 hours		76% (10% improvement)	68.9%	90%	90%	Percentage of patients who wait less than the CTAS stratified benchmark (4 hours) to be discharged from the ED		

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CREATIVE: Demonstrate research impact and enhance patient care	Financially sustainable research enterprise	Revenue dollars from commercialization	\$550 K	\$500 K (FY 07/08)	New	\$605K	Increase core research budget revenues from commercialization, service fees and indirect cost recovery	Revenue dollars from non-grant funded research (i.e. patents/licenses)
		Total value of all grant funding	\$231 M	\$220 M (FY 07/08)	New	\$242.6 M	Provide infrastructure to facilitate grant funding success	Total revenue from grant funded research
	UHN is the premier research hospital in Canada	Average turnaround time for REB approval of clinical studies in expedited reviews and full Board reviews	5 weeks	6 weeks (FY 07/08)	New	4 weeks	Improved turn around times for clinical study assessments (REB, Contract Review)	Turnaround time for Research Ethics Board approval for clinical studies
		Number of citations	38,398 (3% increase)	37,280 (as of July 2007, based on academic year)	36,720 - 37,080	Internally Driven	Recruit and retain high calibre researchers	Total count of all citations received by UHN publications (including self-citation) as of July of the current year, as per Thompson ISI databases. The citation count is conservative as non ISI indexed publications are not included nor are letters, editorial notes and other document types
	UHN is the leader in research for clinical practice and care delivery	# of clinical trials	282 trials (5% increase from 07/08 target)	264 (FY 06/07)	269	296	Improve clinical research environment: increase engagement at all levels (patients, HCP, staff, students, etc.)	Number of new clinical trials started. Clinical trials are defined as research studies investigating the effects of a drug, medical treatment, or device on a group of human subjects to determine safety and efficacy
		% Clinical Research Staff UHN Trained and Certified	50%	0%	New	100%		Percent of research staff trained and certified in Good Clinical Practice (GCP) guidelines
ACCOUNTABLE: Delivering on UHN's commitment to fiscal responsibility and innovation	Appropriate infrastructure budget to facilitate investments for innovation	Total non-MOH external revenues	\$463 M (2% increase)	\$454 M	\$422.8 M	Internally Driven	Increase revenue from new and existing non-MOH sources	Non-MOH revenues (i.e. patient services, other revenue/research) as per internal financial statements
		Facilities Assessment - On Schedule	100%	100%	New	Not Applicable	Complete a thorough assessment of UHN Facilities infrastructure needs	Actual % completion of Facilities Assessment = Scheduled % completion of Facilities Assessment (Green: Actual = Scheduled. Yellow: Actual = less than 2 weeks difference from Scheduled. Red: Actual = > 2 weeks Scheduled.)
	Balanced budget and meet accountability commitments	Budget position: Hospital Accountability Agreement commitments	0 Net	accountability dashboard indicators		MOH Agreement	Balance operating budget	Actual financial performance vs. budgeted financial performance
							Achieve accountability agreement measures and volumes	Actual vs. negotiated performance as per Hospital Accountability Agreement
	Leader in clinical, administrative and information integration in Ontario	Quadrant CPR % application uptime	99.9%	100.0%	New	99.9% uptime	Complete planned system upgrades	Percent application uptime
		% response rate to Accreditation patient Safety Survey and Team Questionnaires	44%	41%	New	Not Applicable	Accreditation	Q1 Formula = Number of patient survey's received / 11,000 Q2 Formula = Number of team questionnaire's received / 5,200
		% of Discharge summaries completed within 14 days of inpatient discharge	85%	80.9%	90%	100%	Chart completion initiative under MAC leadership	Percent of Discharge summaries completed within 14 days of inpatient discharge
		% OR/Procedure Notes completed within 14 days of the operation or procedure	95%	92.7%	90%	100%		Percent OR/Procedure Notes completed within 14 days of the operation or procedure
ACADEMIC: Enhance international profile in education	Improve trainee satisfaction	Choice of teaching site for rotating medical residents (UHN divisions in top 2 choices)	85%	77%	85%	Internally Driven	Recruit faculty with education expertise	The percentage of medical specialties in which rotating residents choose UHN as one of their top 2 choices for placement
		Rating of teaching and rotation effectiveness by postgraduate medical trainees	RES = 4.1/5; TES = 4.4/5	RES = 4.03; TES = 4.37 (2005/06)	RES = 4.1/5; TES = 4.4/5	Internally Driven		Mean teaching scores (RES & TES) for UHN collected through the Postgraduate Web Evaluation and Registration (POWER) system
		Nursing student satisfaction with rotation/placement	85%	80%	92%	Internally Driven		Percent of nursing students that report their satisfaction with their rotation as very good or excellent
	Enhance IPE/IPC	# of clinical staff obtaining IPE certification	30	15 (2006)	25	Internally Driven	Develop IPE Centre & implement pilot IPE placement model	The number of clinical staff at UHN who complete IPE training through the Office of Interprofessional Education and obtain certification

University Health Network 2008/2009 H-SAA Indicators

		Reporting Month	YTD Actual	YTD Target	YTD Variance	Status	H-SAA Target 08-09	H-SAA Range
2008/09 Global Volumes and Performance Indicators								
Total Weighted Cases		YTD April (preliminary)		5,817			69,800	67,706-71,894
Mental Health Patient Days		YTD May		1,663			9,979	> 8,981
Emergency Visits		YTD May		11,679			70,074	> 65,169
Ambulatory Care Visits		YTD May		131,885			791,311	> 743,832
Rate of Readmission for Selected CMGs		Calendar 2008 (February)		406.00			406	< 450.97
Percent Full-time Nurses		YTD May		81.0%			81.0%	> 80.0%
Current Ratio		YTD May		0.67			0.67	0.8 - 2.0
Total Margin		YTD May		0.0%			0.0%	0.0%
2008/09 Critical Care Funding								
New ICU Beds Opened		YTD May		5			5	TBA
New Step Down Beds Opened		YTD May		4			4	TBA
Increased Patient Days		YTD May		479			TBA	TBA
% Open to Criticall as per Agreement	TGH	YTD May		100.0%			100.0%	TBA
	TWH	YTD May		100.0%			100.0%	TBA
2008/09 Protected Services								
Cardiac Catheterization		YTD May		1,083			6,500	6,500
Cardiac Surgery		YTD May		300			1,800	1,800
Chronic Kidney Disease (weighted units)		YTD May		25,505			153,029	153,029
Organ Transplantation (cases)		YTD May		73			439	439
Cardiac Rehabilitation (# of patients)		YTD May		67			400	400
Visudyne Therapy (# of vials)		YTD May		300			1,802	1,802
2008/09 Wait Time Services								
							Total Funded	Incremental Funded
Hip and Knee Joint Replacements		YTD May		192			640	TBA
Magnetic Resonance Imaging (Hrs)		YTD May		4,273			12,480	TBA
Computerized Axial Tomography (Hrs)		YTD May		n/a			28,000	TBA