

AIM		MEASURE				CHANGE				
Quality dimension	Objective	Outcome Measure/Indicator	Current performance	Performance goal 2011/12	Priority	Improvement initiative	Methods and results tracking	Target for 2011/12	Target justification	Comments
	Avoid new pressure ulcers	Pressure Ulcers: Percent of complex continuing care residents with new pressure ulcer in the last three months (stage 2 or higher) - FY 2009/10, CCRS *Tied to executive compensation	1.60%	5.75% or lower	1	Introduction of the pressure ulcer awareness program (PUAP) which is part of the Canadian Wound Care Association to improve prevention and maintenance of pressure ulcers.	Staff education sessions including case studies. Skin care program with ongoing education from vendor. Braden scale completed on admission, weekly thereafter and/or if condition changes. Therapeutic surface algorithm in place.	5.75% or lower	Ministry target for CIHI data is 5.75%.	
	Avoid falls	Falls: Percent of complex continuing care residents who do not have a recent prior history of falling, but fell in the last 90 days - FY 2009/10, CCRS								NOT APPLICABLE.
Effectiveness	Reduce unnecessary deaths in hospitals	HSMR: number of observed deaths/number of expected deaths x 100 - FY 2009/10, CIHI								NOT APPLICABLE
	Reduce unnecessary hospital readmission	Readmission within 30 days for selected CMGs to any facility: The number of patients with specified CMGs readmitted to any facility for non-elective inpatient care within 30 days of discharge, compared to the number of expected non-elective readmissions - Q1 2010/11, DAD, CIHI								NOT APPLICABLE
	Reduce unnecessary time spent in acute care	Percentage ALC days: Total number of inpatient days designated as ALC, divided by the total number of inpatient days. Q2 2010/11, DAD, CIHI								NOT APPLICABLE
	Improve organizational financial health	Total Margin (consolidated): Percent by which total corporate (consolidated) revenues exceed or fall short of total corporate (consolidated) expense, excluding the impact of facility amortization, in a given year. Q3 2010/11, OHRS	0.57%	-1.3 to 0%	1	Ongoing monitoring of expenditures.	Careful review of financial health on a regular basis.	-1.3 to 0%	HSAA Indicator	
	Improve Organizational financial health	Current Ratio: Measure of short term liquidity risk. It is intended to indicate the ability of an organization to meet its current obligations. Higher values indicate greater liquidity and lower values indicate lesser. Q3 2010/11, OHRS *Tied to Executive Compensation	1.05%	.80 to 2.00%	1	Ongoing monitoring of expenditures.	Careful review of financial health on a regular basis.	.80 to 2.00%	HSAA Indicator	
Access	Reduce wait times in the ED	ER Wait times: 90th Percentile ER length of stay for <u>Admitted</u> patients. Q3 2010/11, NACRS, CIHI								NOT APPLICABLE
		ER Wait times: 90th percentile ER Length of Stay for Complex conditions. Q3 2010/11, NACRS, CIHI								NOT APPLICABLE
	Meet optimal wait times for internal inpatient to outpatient services	Meet optimal wait time for internal inpatient to outpatient services based on combined neurology and orthopedic wait times. Q3 2010/11 YTD *Tied to Executive Compensation	8.77 days	21 days or less	3	Ongoing monitoring of inpatient to outpatient referral rate in comparison to available appointment slots in Outpatients. Inpatient to outpatient referrals given priority access to outpatient appointments.	Ongoing audit of In to Outpatient wait times with particular emphasis on those not meeting the target wait time.	21 days or less	Internal high performer target	

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Patient-centred	Improve patient satisfaction	NRC Picker / HCAPHs: "Would you recommend this hospital to your friends and family?" (add together percent of those who responded "Definitely Yes") Active Rehabilitation. Q2 2010/2011.	100%	94.70%	2	Continued commitment to mission, vision and values by all staff. Communication of results of survey on a regular basis to all staff with action plan development and implementation after each survey.	Dissemination of survey results to all levels; staff, physicians and Board, with action plan development and implementation	94.70%	Provincial average	
	Improve patient satisfaction	NRC Picker / HCAPHs: "Would you recommend this hospital to your friends and family?" (add together percent of those who responded "Definitely Yes") Complex Care Patients. December 2009. *Tied to Executive Compensation	90.70%	74%	2	Continued commitment to mission, vision and values by all staff. Communication of results of survey on a regular basis to all staff with action plan development and implementation after each survey.	Dissemination of survey results to all levels; staff, physicians and Board, with action plan development and implementation	74%	Provincial average	