

Balanced Scorecard Highlights

Highlights from 2011-12 fourth quarter (January to March)



Sick Time ■

The average sick hours per employee remains above target this quarter at 58. Human Resources has formed a committee to develop recommendations to reduce sick time. After consulting with managers and employees for input, some of the recommendations include modifying our attendance management policies and programs, increasing training and communication, as well as providing employee incentives to improve attendance levels. We are hopeful that these strategies will enable us to decrease sick time over the coming months.

Hospital Standard Mortality Ratio ■

The Hospital Standard Mortality Ratio (HSMR) is reported in our quality improvement plan. It is an important measure to support efforts to improve patient safety and quality of care in Canadian hospitals. The HSMR compares the actual number of deaths in a hospital with the average Canadian experience. This measure swings up and down from quarter to quarter as a result of the groupings used in the CIHI (Canadian Institute for Health Information) methodology used to capture it. Overall, UHN continues to perform very well compared to our peer hospitals.

Total Value of all Grant Funding ■

The total grant funding measure indicates the total amount of grant funds spent on research projects and research operations during the period. At the end of the 11/12 fiscal year, the total value of all grant funding is \$277M – well above the target of \$265M. The increase in grant revenue over the original forecast is largely due to the merger of UHN and TRI's grant revenues as of September 1, 2011.

- Meets or exceeds target
- Does not meet target, but on track
- Requires continued focus

For more information on the Balanced Scorecard visit

<http://intranet.uhn.ca/home/strategic%5Fplanning/>

Hospital Acquired Infections and Hand Hygiene

At the end of Q4, our hand hygiene rate reached 82% - exceeding our 11/12 target of 80%. As a result, our MRSA rates continue to do well with a rate of 0.26 at the end of Q4, in comparison to our target of 0.32. We have continued to struggle with controlling C. Difficile, however, we have developed a number of new approaches which we anticipate will help to reduce the rate going forward. Moving into 12/13, we will no longer be tracking VRE rates as we are no longer controlling this particular organism. We thank you for your continued commitment towards hand hygiene and look forward to increasingly positive results next year.

% Completion of Clinical Data Repository Plan for Research

The plan for development of a clinical data repository (CDR) for research was initiated at the beginning of the 2011/12 fiscal year. This component fits into the broader Advanced Clinical Documentation initiative for UHN.

At the end of the 11/12 fiscal year, we have successfully reached 100% completion of the clinical data repository plan for research. In the last quarter, the requirements and usage scenarios were developed by the Advanced Clinical Documentation Technical Working Group for inclusion in the Request For Proposals (RFP). We will issue the RFP this summer.

Inpatient Satisfaction Score

The Inpatient Satisfaction Score is a measure that is crucial to our patient-centered care philosophy. The score reflects how our patients feel about their experience at UHN.

This year, we are extremely pleased with our inpatient satisfaction results. At the end of 2011/12, 83.3% of our patients would definitely recommend UHN to their friends and family – well above our target of 80.0%.

Thank you to all of our staff for working to create an environment that responds to patient needs at UHN.

Balanced Scorecard Report

Results from 2011-12, Quarter Four (January - March)



Domain	5 Year Goal	Objective	Measure	11/12 Baseline (10/11 Q4 unless articulated)	Q1 Results (April - June)	Q2 Results (July - Sept)	Q3 Results (Oct - Dec)	Q4 Results (Jan - Mar)	YTD (April - Mar)	11/12 Target
WE <i>Develop the best people who will enable system leadership</i>	Continue to build organizational capability and capacity	Create work environments that promote excellence and innovation in practice, education, and research	Overtime rate	1.03%	1.00%	1.21%	1.26%	1.24%	1.13%	0.98%
			Average sick hours per employee for the last 12 months	57.5	57.9	57.5	58.2	58.2	58.2	50.0
			Organizational commitment score	57%	57% (2011 EOS Pulse Survey)					62%
CARING <i>Achieve and document exceptional outcomes for our patients</i>	Become a world leader in documenting and improving patient outcomes	Substantially reduce hospital-acquired infections	Hospital standard mortality ratio	77 (10/11 Q2 YTD)	82 (10/11 Q4)	70 (11/12 Q1)	87 (11/12 Q2)	76 (11/12 Q3)	77 (11/12 Q3 YTD)	<80
			C. Difficile rate (per 1000 patient days)	0.63	0.74	0.58	0.63	0.84	0.70	0.44
			MRSA rate (per 1000 patient days)	0.41	0.36	0.40	0.31	0.26	0.33	0.32
			VRE rate (per 1000 patient days)	0.58	0.96	1.00	0.84	0.47	0.81	0.23
			Hand hygiene rate	67.0%	75.9%	74.9%	78.8%	82.0%	77.8%	80%
	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)	26.5	22.0	25.2	24.4	26.0	24.6	26.0
			Percent of eligible organ donors converted to actual organ donors	42%	67%	100%	83%	67%	79%	75%
			Percent of surgeries cancelled within 48 hours	7.8%	7.2%	7.8%	8.1%	8.0%	7.8%	8.0%
			Inpatient satisfaction score	82.5% (10/11 Q3 YTD)	81.7% (10/11 Q4 YTD)	80.4% (11/12 Q1)	85.3% (11/12 Q2)	84.9% (11/12 Q3)	83.3% (11/12 Q3 YTD)	80.0%
	Measure and improve the value of care	Improve internal program integration, discharge planning and community transitions	Percent of inpatient days designated as ALC	12.0%	11.5%	9.7%	8.8%	10.3%	10.1%	11.6%

Balanced Scorecard Report

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CREATIVE <i>Become the research hospital of the future</i>	Further our understanding of the basis of health and disease through biology and technology platforms	Create and disseminate new knowledge	Citations	77,352 (10/11 Q3)	62,333 (8% increase from same point last year)		82,643 (7% increase from same point last year)			78,900 (2% increase)
			Total value of all grant funding	\$262.7M	\$246.8M (Projected)	\$265.9M (Projected)	\$283.1M (Projected)	\$277.0M		\$265.0M
			Technology Development & Commercialization Economic Value (ROI)	\$6.60M (10/11 Q3)	\$1.85M	\$1.88M	\$1.02M	\$1.40M	\$6.15M	\$6.70M
	Leverage experimental therapeutics and health services research to impact the lives of patients	Conduct high quality health studies	Turn-around time of health study review	67.3% (10/11 Q3)	75.1%	84.9%	88.4%	84.9%	83.5%	70.0%
			Completion of health study self assessment form	73.0% (10/11 Q3)	78.9%	70.6%	76.2%	78.6%	76.5%	75.0%
	Enable the collection, analysis, and application of health information	Implement a comprehensive IT system linking clinical and research information	Percent completion of Clinical Data Repository plan for research	0%	30%	75%	75%	100%	100%	100%
ACCOUNTABLE <i>Expand our space, develop new sources of revenue, and become a leader in clinical, administrative, and research information integration</i>	Enable the creation of new physical space for our clinical programs, operations, research, and education areas	Fulfill organizational commitments through hospital accountability process	Net surplus for capital		\$3.4M	\$2.5M	\$1.9M	\$21.8M	\$29.6M	\$13.0M
	Develop new sources of revenue	Increase non-MOHLTC funding as a percentage of total UHN funding	Percent increase in non-MOHLTC revenues		2.0%	3.0%	3.0%	3.0%		2%
	Optimize productivity and integration of care through next-generation information management and technology	Implement advanced clinical documentation in ambulatory care clinics and inpatient areas	Percent of physician notes directly captured electronically	3.9%	6.0%	7.2%	13.5%	7.2%	7.8%	5.0%
			Percent of discharge summaries completed within 7 days of discharge	88.6% (14 days)	85.3%	84.8%	79.7%	81.2%	82.8%	85.0% (7 days)
			Percent of OR/Procedure notes completed within 7 days of discharge	94.8% (14 days)	94.2%	93.9%	54.8%	84.0%	81.2%	95.0% (7 days)
ACADEMIC <i>Deliver exceptional education at all levels to enable the success of tomorrow's healthcare leaders</i>	Position UHN as the institution of choice for trainees	Increase the quality of educational experiences	Rating of teaching effectiveness scores by postgraduate medical trainees	4.47 (09/10)	4.47 (10/11)				4.50	
			Rating of rotation effectiveness scores by postgraduate medical trainees	4.09 (09/10)	4.24 (10/11)				4.15	
			U of T Nursing students' overall satisfaction with their clinical placements at UHN	4.35 (08/09)	4.58 (10/11)				4.42	
	Continue to pioneer new models of teaching and learning	Increase the number of UHN health professionals trained and certified in interprofessional education	Total number of UHN staff obtaining IPE certification	82 (10/11)	99 (11/12)				70	

University Health Network
Hospital Service Accountability Agreement (H-SAA) Indicators
For the Twelve Months Ended March 31, 2012

	Reporting Month	YTD Actual	YTD Target	Variance		H-SAA Target 11-12	H-SAA Range
2011/12 Global Volumes and Performance Indicators							
Total Weighted Cases (Inpatient and Day Surgery)	YTD March	82,173	69,947	12,226		69,947	> 67,848
Mental Health Patient Days	YTD March	9,894	9,979	(85)	A	9,979	> 8,981
Emergency Visits	YTD March	97,518	75,000	22,518		75,000	> 69,750
Ambulatory Care Visits	YTD March	898,602	791,311	107,291		791,311	>743,832
2011/12 Accountability Indicators							
Percent Full-time Nurses	YTD March	86.36%	80.98%	5.4%		80.98%	> 79.98%
Current Ratio	YTD March	1.04	0.80	0.24		0.80	0.72-0.88
Total Margin	YTD March	3.23%	0.00%	3.23%		0.00%	0.00%
2011/12 Protected Services							
Cardiac Catheterization	YTD March	5,832	6,335	(503)	B	6,335	> 5,701
Cardiac Surgery	YTD March	1,435	1,597	(162)	B	1,597	> 1,437
Chronic Kidney Disease (weighted units)	YTD March	136,380	153,029	(16,649)	C	153,029	153,029
Organ Transplantation (cases)	YTD March	430	471	(41)	A	471	> 423
2011/12 Wait Time Services							
						Base + Incremental	
Hip and Knee Joint Replacements	YTD March	1,019	1,012	7	A	1,012	
Cataract Surgeries	YTD March	582	623	(41)		623	
Magnetic Resonance Imaging (Hrs)	YTD March	40,033	27,074	12,959		27,074	
Computerized Axial Tomography (Hrs)	YTD March	23,355	18,154	5,201		18,154	
90th Percentile Wait Times for Cancer Surgery (days)	YTD March	68	70	(2)		70	
90th Percentile Wait Times for Cardiac Surgery (days)	YTD March	37	44	(7)		44	
90th Percentile Wait Times for Cataract Surgery (days)	YTD March	125	100	25		100	
90th Percentile Wait Times for Hip Replacement Surgery (days)	YTD March	109	135	(26)		135	
90th Percentile Wait Times for Knee Replacement Surgery (days)	YTD March	92	140	(48)		140	
90th Percentile Wait Times for MRI Scan (days)	YTD March	93	115	(22)		115	
90th Percentile Wait Times for CT Scan (days)	YTD March	34	28	6		28	
2011/12 Cancer Care Ontario Funded							
						Base + Incremental	
Radiation Therapy	YTD March	10,150	10,100	50	A	10,100	
Systemic Therapy	YTD March	6,204	6,069	135	A	6,069	
Surgical Oncology	YTD March	4,047	4,118	(71)	A	4,118	

- A Fluctuation month-to-month - being monitored
 B Unearned revenues largely offset by expense savings
 C LHIN target is historically too high, unearned revenue is offset by expense savings
 D LHIN target is set by LHIN based on previous CMG measure system.

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

Under the current CMG+2011 coding system: Jan YTD Results YTD Actual YTD Budget YTD Variance Annual Budget
 (2010/11 actuals restated to CMG+2011 coding system) 82,173 77,200 4,973 6.4% 77,200

The 3.7% year to date positive variance reflects the combined impact of 3.9% shorter length of stay enabling 4.6% increased separations.