UHN's Quality Improvement Plan 2024/25

April 1, 2024

This document is intended to provide health care organizations in Ontario with guidance as to how they can develop a Quality Improvement Plan. While much effort and care has gone into preparing this document, this document should not be relied on as legal advice and organizations should consult with their legal, governance and other relevant advisors as appropriate in preparing their quality improvement plans. Furthermore, organizations are free to design their own public quality improvement plans using alternative formats and contents, provided that they submit a version of their quality improvement plan to Health Quality Ontario (if required) in the format described herein.

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Overview

Providing safe, high-quality care experiences for the patients we serve is the most important collective responsibility we share at University Health Network (UHN), in full alignment with our primary value of *the needs of patients come first,* and in the spirit of making UHN one of the safest hospital networks in the world.

Each year, UHN renews its Quality Improvement Plan (QIP) to reflect our shared quality commitments to patients and TeamUHN, highlighting key areas of focus for targeted quality improvement activities aimed at enhancing patient and staff experience, reducing harm, and improving access to care when and where patients need it most. UHN's selected areas of focus for QIP 2024/25 are highlighted in **Table 1** below.

Table 1: UHN QIP 2024/25 Areas of Focus

Theme	Indicators/Focus Areas
Access & Flow	• 90th Percentile ED Wait Time to Inpatient Bed • 90th Percentile ED Length of Stay • Alternate Level of Care (ALC) Throughput • Surgical Backlog Clearance Rate
Safety	• Rate of Workplace Violence Incidents with Lost Time Due to Injury
Experience	• % of Patients Reporting Receiving Enough Information After Discharge

We look forward to advancing change ideas identified and validated by UHN leaders and our committed network of Patient Partners, as outlined in our accompanying 2024/25 QIP Workplan.

The narrative that follows highlights a number of developments planned or underway across every corner of UHN to continue to strengthen UHN's quality culture, infrastructure, programming and leadership, through 2024/25 and beyond.

UHN's Quality & Safety Strategic Action Plan 2024-2028

This past year, over 1,000 members of TeamUHN and UHN Patient Partners were engaged in the co-design of a new Strategic Action Plan for Quality & Safety, with an overall aim to **deliver the best outcomes and experiences for patients and TeamUHN** to enable UHN's vision for *A Healthier World.* The plan was a key input that grounded the development of UHN's QIP areas of focus and change ideas for 2024/25, and centers around four key pillars:

1. **Safety Culture:** fostering an outstanding safety culture by focusing on effective escalation of care concerns, informed transitions of care, and rapid recognition of deterioration;
2. **Quality Improvement**: universal training and adoption of quality improvement methods;
3. **Optimizing Data:** enabling access and applying advanced analytics; and
4. **Team Building:** strengthening teams by focusing on effective communication, psychological safety, and joy in work.

Enablers to infuse work across pillars were identified to include: patient and family engagement, inclusion, diversity, equity, accessibility, anti-racism (IDEAA), TeamUHN wellbeing, and respect & civility.

> *A Special Note: UHN & West Park Healthcare Centre Voluntary Integration*
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> Effective April 1, 2024, West Park Healthcare Centre (West Park) has merged with UHN, and as such, West Park will join all UHN sites in actioning progress in UHN's QIP areas of focus for 2024/25.
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> This integration represents a transformational opportunity to set the gold standard for rehabilitation care and research in the world. While the upcoming year will be a period of transition, we look forward to bringing our teams together to further align quality priorities to enable our shared future.

Access & Flow

Optimizing patient flow to enable timely access to the right care, in the right place for every patient continues to be a strong focus area for UHN. This also includes working with patients and their families to develop the best and safest discharge plan possible for every patient, whether that is returning to the community or transferring to another care setting. Select initiatives underway include the following:

- **Launch of UHN's ALC Guide:** serving as a reference tool with guiding principles, standards, checklists and communications tools for TeamUHN to help streamline and navigate patient discharges, including complex scenarios.
- **Enhancements to UHN's Patient Disposition Policy:** outlining governing principles related to patient disposition decision making including admissions and referrals to UHN Emergency Department (EDs); expectations and roles for consulting services to the ED; admissions and discharges from critical care; interspecialty transfers; and repatriation of patients to UHN.
- **Increased Focus on Discharge Process:** to improve patient experience, identify and mitigate discharge process delays, and improve ability for proactive flow management.
- **Creation of a UHN Capacity Management System:** to ensure optimal throughput of patients on a daily basis.
- **Growth of UHN's Integrated Care (IC) Program:** having supported ~35,000 patients since launch in June 2019 across surgical (thoracic, cardiovascular, vascular, orthopedic), medicine (COVID, COPD, CHF, ED), COVID care, and transplant pathways, UHN's IC program continues to enable and strengthen seamless transitions from hospital to home and community care, offering tailored services and up to 90-days of follow-up according to patient needs.
- **Continued Iteration of the After Visit Summary (AVS) for Patients & Families:** The AVS is a tool built into Epic that automatically generates a patient-friendly summary after every patient encounter, enabling patients and families to be informed partners in their care, and in many cases helping to address gaps in continuity of care, especially for key transitions out of hospital.

Equity & Indigenous Health

UHN continues to proudly lead the charge on improving access and integration of care for equity-deserving populations through our Social Medicine and Indigenous Health programs.

UHN Social Medicine Program

In 2024/25, UHN's Social Medicine program will continue to address key health inequities linked to unmet medical and social needs of UHN patients, building on Social Medicine programs that show significant success in providing tailored, comprehensive care to complex patients, including:

- **Peer Workers in the ED:** Since launching in 2020, Peer Workers continue to provide trauma-informed care and connection to social services to UHN patients with complex medical and social needs in UHN EDs. Between Jan 1 – Dec 31 2023, 2,031 UHN ED patients have received care from Peer Workers, connecting 790 patients to a shelter bed, 1,447 patients with food support, and successfully de-escalating 113 potential incidents in the ED.
- **Social Medicine Care Model:** UHN Clinicians are able to refer into the Social Medicine Care Model that links patients with a Social Medicine Navigator/Community Health Worker and Nurse Practitioner, to provide system navigation and care coordination. Social Medicine will work with UHN Clinical Programs to address specific needs of patients with unmet social and health related issues.
- **Stabilization and Connection Centre:** Between January 1st and December 31st, 2023, the Stabilization and Connection Centre diverted over 2500 visits from UHN EDs to date, significantly reducing EMS offload times from between 60 and 138 minutes, to 6 minutes, thereby returning 54 to 132 minutes per patient to the health system, and providing tailored, supportive care to patients.

Indigenous Health Program

UHN remains committed to enacting and being accountable to the *Truth and Reconciliation Commission's Calls to Action* on transforming healthcare (No. 18 through 24). Working with the Indigenous Health Program (IHP), UHN has taken concrete action to recognize the value of Indigenous healing practices and expand Indigenous health roles. From the plants grown at the Michener Gitigan that are used for patient care and ceremonies, to the Indigenous Patient Navigators who ensure First Nation, Inuit, and Métis patients have access to traditional and cultural supports, UHN is proud to honour the healing practices and distinct journeys of Indigenous peoples.

Priority initiatives of continued focus UHN's IHP include the following:

- Continuing to expand Indigenous Health roles at UHN.
- Supporting two post-doctoral fellowships in partnership with the Waakebiness Institute for Indigenous Health at the University of Toronto, UHN Research, and the Peter Munk Cardiac Centre at UHN, dedicated to data governance and sovereignty, and digital health, respectively.
- Welcoming practicum placements from the Masters of Public Health – Indigenous Health stream.
- Advancing training partnerships between Indigenous communities and UHN, including at the Michener Institute of Education.
- Developing cultural safety programs with both targeted and UHN-wide approaches.
- Exploring the development of an Indigenous health, wellness and gathering space at UHN.

Health Equity Data Collection: Key Developments

UHN has been a close partner with Ontario Health – Toronto Region in supporting capacity building and the development of training resources and tools to enable health equity data collection in the region.

UHN is now in process of rolling out the updated *Measuring Health Equity Questionnaire,* in accordance with the OH Equity, Inclusion, Diversity & Anti-Racism Framework, beginning with 3 program areas across UHN. Lessons learned through 2024 implementations will inform broader UHN expansion in future.

Patient Experience

UHN's Patient Partnership Program

UHN is fortunate to have an engaged community of 159 Patient Partners who are represented across all management and Board committees accountable for quality and safety. **In 2023/24, there were over 190 Patient Partner engagement initiatives** that contributed to strengthening UHN's quality culture and delivering key enhancements to services and experiences that matter most to the patients and families we serve.

UHN's *Patient Declaration of Values* (PDoV), *A Compass for Our Care*, continues to guide our work across UHN, and aims to help staff, physicians, and learners understand what patients and families expect from their hospital, while also encouraging patient partnership.

This year, we engaged a group of our Patient Partners in reviewing and validating draft indicators and change ideas for UHN's 2024/25 QIP. Through a tailored focus group and additional outreach, we aimed to understand, from the experiences of our Patient Partners, the patient education, care supports and health literacy initiatives that could help UHN reach its targets for selected QIP indicators. A detailed follow-up report of themes from the discussion was validated by Patient Partners and was then provided to UHN's indicator leads to help finalize change ideas.

New Patient Experience Dashboard

UHN's Patient Experience portfolio launched a platform in February 2023 that enables a systematic digital approach to collecting, using and reporting Patient Reported Experience Measures (PREMs) to improve the quality of care across UHN. Since this time, UHN has seen a 450% increase in patient experience survey responses, with over 50% of UHN patients consenting to receive surveys by email.

With enhanced data collection, UHN was able to launch a new *Patient Experience Survey Dashboard* earlier this year, providing immediate access to this anonymized data at the unit level. This is an exciting step forward in building a deeper understanding of the culture, best practices and opportunities to improve care based on the voices of patients and families. Upcoming work will focus on developing an accountability framework that will guide learning and QI initiative development at both the local and system levels.

Provider Experience

The quality of work life, wellbeing and engagement of TeamUHN continues to be of top priority for UHN. A variety of initiatives are underway to best support our teams, including:

- **Implementation of New UHN Nursing Strategy:** the first-of-its-kind at UHN, launched in May 2023, to adapt, grow, retain, and enable the nursing workforce of the future.
- **Launch of the UHN MyFlexBenefits Program**: going live in November 2023 after concluding a multi-year initiative aimed at completely revamping and streamlining the benefits programs offered to non-union staff at UHN. The program retains extended mental health coverage established during the COVID pandemic, and adds coverage in areas such as lifestyle drugs and gender affirming care.
- **Continued Growth of the UHN Employee Referral Program:** with over 450 referrals received over the past year, resulting in over 240 new nursing hires.

- **Implementation of CAMH Trauma-Informed De-Escalation Education for Safety and Self-Protection (TIDES) Training:** a robust, evidence-based model for de-escalating violent incidents, beginning with offering this program to UHN ED staff in response to rising violence and incivility in these high-risk areas.
- **Creation of a New, Integrated UHN Leadership Competency Framework**: setting the stage for a renewed approach to leadership skill building and performance evaluation across the organization. UHN People & Culture has also launched three new leadership development programs, and will have trained over 300 UHN leaders by June 2024, creating a critical mass of leaders equipped to reinforce a renewed UHN culture of accountability.
- **Continued Growth of Building Strong Care Teams Initiative**: supporting continued investment in upskilling and integration of Personal Support Worker (PSW) roles as part of interprofessional care teams.
- **Ongoing Collaboration on the TAHSN Occupational Health & Safety Collaborative**: which has allowed 66 members across the 14 Toronto Academic Health Sciences Network (TAHSN) hospitals to come together to reimagine, standardize and innovate Occupational Health & Safety Services for healthcare teams.
- **New Platforms for Nursing & Allied Health Engagement**: with the relaunch of Professional Nursing Councils across UHN, and the creation of the first Allied Health Executive Committee, both of which are creating a platform for engagement and shared governance with point-of-care professionals.
- **Enhancing Staff Training in Equity, Diversity & Inclusion (EDI)**: Leveraging UHN's e-Learning platform to enhance staff training via curated online modules on the following topics: *Embracing the Power of Diversity & Inclusion, How to Create and Sustain an Anti-Racist Workplace,* and *Recognizing and Addressing Micro-behaviours in the Workplace*.
- **Exploring Novel Programs for Recognition**: including exploring the launch of the well-established *Daisy Awards* program for nursing staff in 2024.

Engaging TeamUHN in Quality & Safety

UHN's 2nd Annual *Summit on Quality & Safety* took place November 15th 2023 at the MaRS Centre with over 200 members of TeamUHN in attendance, and 100 more joining online via livestream. With a theme of "Strengthening Our Safety Culture", the Summit aimed to:

- Foster a culture of safety and continuous improvement at UHN;
- Equip TeamUHN with the practical skills and tools to enable the best outcomes and experiences for patients and our teams; and
- Enable connections and collaborations on Quality & Safety across the organization.

A suite of Quality & Safety educational offerings is also being continually offered to TeamUHN to enhance the provider experience on Quality & Safety. This includes bi-weekly interprofessional Quality & Safety Educational Rounds, annual Intro to Quality Improvement Workshops, New Employee and New Leader onboarding training on Quality & Safety, and a new "Building a Quality Improvement Mindset" session delivered at UHN's Emerging Leaders Program.

Patient Safety

UHN continues to nurture a network of quality and safety across TeamUHN, where everyone has a role to play in the delivery of safe and quality care.

For 2024/25, TeamUHN will remain focused on three system quality priorities for patient safety, as highlighted in **Table 2** below.

Table 2: UHN System Quality Priorities for Patient Safety

System Quality Priority	Focus Areas
Escalation of Care (EOC)	• Psychological safety to ensure comfort raising concerns. • Clear standards of civility and respect. • Leveraging Epic for effective measurement and monitoring. • Building structures across UHN to enable and champion patient and family escalation, building off of a 2023/24 QI project that developed a pathway and supporting tools to enable patients and families to raise/escalate urgent or emergent care concerns, and tools that support TeamUHN in responding those concerns using our Patient Declaration of Values.
Transfer of Accountability/ Information (TOA/I)	• Standardized practice expectations around use of I-PASS. • Patient and family engagement during transitions. • Leveraging Epic for effective measurement and monitoring. • Using Accreditation structures to reinforce best practices.
Recognition of Deterioration	• Area-specific initiatives led by local clinical teams. • Exploration of advanced analytics solutions including the implementation of Early Warning Score systems.

Enabling a Data-Driven Approach to Patient Safety

Two major initiatives are continuing to propel the development of a proactive, data-driven approach to patient safety at UHN:

- **Launch of a UHN Safety Event Dashboard:** accessible to all of TeamUHN, providing an aggregate summary of what is captured in UHN's Safety Event Reporting & Review System. This dashboard increases situational awareness across the organization on the frequency and type of harm that occurs to enable and drive targeted local improvements that make care safer.
- **UHN-wide Safety Culture Survey**: administered in Fall 2023 to gather evidence-based insights as leading indicators to predict preventable harm. Next steps include: (a) effective dissemination and translation of data to local and executive leadership through Safety Culture Survey Dashboards for targeted action; (b) locating areas of TeamUHN strength to celebrate and spread; and (c) identifying areas for improvement to proactively design, implement, and support interventions aligned with the Institute for Healthcare Improvement's Model for Improvement. Going forward, biennial survey administration will ensure sustained tracking and accountability over time.

Non-Physical Harm Steering Committee at UHN

Safety events have potential to result in both physical and *non-physical* preventable harm. At UHN, Non-physical harm is defined as: '*event(s) causing damaging effects to an individual's dignity and/or their emotional, psychological, social, or spiritual health.*' Examples may include incidents of disrespect (including racism and discrimination), threats to personal safety or privacy, or any other event causing loss of trust in UHN or therapeutic relationship(s) with an individual's care providers at UHN.

UHN's Non-Physical Harm Steering Committee, which includes two Patient Partners, is in process of developing a Non-physical Harm Toolkit and escalation pathway to support TeamUHN in identifying and appropriately addressing issues of non-physical harm. These critical tools will be launched and adapted through 2024/25.

Population Health Approach

UHN remains committed to exploring and supporting population health-based approaches to meeting the current and future needs of our local community. We continue to serve as a hospital partner in several Ontario Health Teams (OHTs), and are actively exploring various opportunities to strengthen our existing partnerships with hospitals and community service providers across Toronto region.

Looking ahead through 2024, we are excited to officially open UHN's prescribed social housing development – a first-of-its-kind in Canada intervention that will offer 51 permanent supportive housing units as an evidence-based intervention to improve population health outcomes, in partnership with United Way and the City of Toronto. The scalable model of care, including attachment to primary care, mental health support, and harm reduction services, aims to identify frequently hospitalized and housing-unstable individuals and provide them with safe, dignified housing that includes medical and social services to improve health outcomes, manage chronic conditions, and reduce visits, readmissions, and wait times at UHN hospitals.

Executive Compensation

UHN's Executive Leadership Forum is held accountable for the implementation of identified change ideas and achievement of targets set out in UHN's 2024/25 QIP. This includes linking a subset of QIP indicators to performance-based compensation to drive alignment with organizational strategy and health system goals, and reinforce UHN's focus on continuous quality improvement to further enhance patient and provider experiences at UHN. Informed by UHN's Essentials, the subset of QIP indicators that will be linked to performance-based compensation will be identified by UHN's People & Culture leadership, in consultation with UHN's Board of Trustees.

Contact Information

UHN Quality, Safety & Clinical Adoption
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Sign-off

The following individuals have approved UHN's Quality Improvement Plan for 2024/25:

Mr. Dean A. Connor
Chair, UHN Board of Trustees

Mr. Cornell Wright
Chair, Quality & Safety Committee of the Board

Dr. Kevin Smith
President & CEO

2024/25 Quality Improvement Plan (QIP)

Workplan - Improvement Targets and Initiatives

University Health Network 190 Elizabeth St., R. Fraser Elliott Building, 1st Floor, Toronto , ON, M5G2C4

AIM		Measure								Change(s)			
Issue	Quality dimension	Measure/Indicator	Type	Unit / Population	Source / Period	Current performance	Target	Target justification	External Collaborators	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure
M = Mandatory (all cells must be completed) P = Priority (complete ONLY the comments cell if you are not working on this indicator) O= Optional (do not select if you are not working on this indicator) C = Custom (add any other indicators you are working on)													
Access and Flow	Efficient	Surgical Backlog Clearance Rate	C	Ratio of weekly cases completed vs. added to backlog	Local data collection / Most recent quarter performance available (Q3 FY23/24)	1.12 (Q3 FY 23/24)	>/= 1.0	Greater than 1 indicates our surgical backlog is shrinking.	OH Toronto Region Surgical Resumption/ Recovery & Optimization Table	1. Implementation of Operational Efficiencies and Optimized Models of Care 2.Utilize Miniminally-Invasive-Surgery to Increase Day Surgery Volumes 3. Development of care corridors/pathways to build capacity and deepen tertiary/quaternary offerings. 4. Continue to Explore Day Surgery Partnerships 5. Central Intake & Waitlist Load-Sharing	1. Development and launch of integrated surgical monitor to track activity at Division-level 2. Close monitoring of case-mix to ensure access to care for patients with wide-ranging surgical care needs. 3. Development of care corridors/pathways to build capacity and deepen tertiary/quaternary offerings. 4. Continued prioritization of patients experiencing long waits 5. Expand existing surgical partnerships for low-acuity, high-volume cases. 6. Implemented Capacity management system to guide flow to ensure that surgical beds are available to support surgical throughput.	1. Surgical activity at Division-level 2.Close monitoring of case-mix and reconciliation with surgical waitlist 3. Volume of cases being performed via hospital and community parnterships 4. % Tertiary and quaternary care performend 5. Utilization of Capacity Management system	Monitoring and iteration - through Mar 31, 2025 Quarterly reporting and analysis via internal scorecard - through Mar 31, 2025
		Alternate level of care (ALC) throughput ratio	O	Ratio (No unit) / ALC patients	WTIS / July 1 2023 September 30, 2023 (Q2)	0.89 (Q3 FY 23/24)	>/= 1.0	Greater than 1 indicates that number of patients designated as ALC is shrinking.		1. Discharge Planning Toolkit 2. Continued Use of ALC Guide 3. Continued Partnership w/ Home and Community Care	1. Increase awareness of internal resources and tools developed to facilitate care transitions from UHN to home and community, such as ALC Guide. and Discharge Planning Toolkit. 2. Deepen collaboration with Home and Community Care to ensure structures and processes are in place to optimize care transitions for patients from UHN sites to home/community.	Project deliverables defined All project deliverables delivered on time, in scope	Monitoring and iteration - through Mar 31, 2025 Quarterly reporting and analysis via internal scorecard - through Mar 31, 2025
	Timely	90th percentile ED length of stay	O	Hours / ED patients	CIHI NACRS / ERNI hospitals: December 1st 2022 to November 30th 2023. Non-ERNI hospitals: April 1st 2023 to September 30th 2023 (Q1 and Q2)	TG = 44.9; TW = 50.3 (Q3 FY 23/24)	TG = 36.5 TW = 42.2	If most recent performance is below target, kept target for next year.		1. Tracking Time from "Bed Empty" to "New Patient in Bed" (Goal ~90 Mins) 2. Optimization of Access & Flow Meetings 3. Increase Use of Capacity Management Dashboard 4. Optimized Models of Care	Continued efforts from FY 23/24 Quality Improvement Plan to: 1. Foster greater transparency on system/program occupancy 2. Pulling patients from EDs by 10am 3. Reviewing protocols for escalation of care and implementing strategies for discharge delays 4. Exploring proactive management of scheduled activity, and overall network response opportunities (beyond UHN's core acute care sites). New methods for FY 24/25 Quality Improvement Plan include: 1. Leveraging EPIC to develop mechanism for tracking time from "bed empty" to "new patient in bed" & sharing information across clinical programs with intention to identify oppotunities to reduce turnover time. 2. Development and implementation of new medical models of care within General Internal Medicine 3. Optimization of daily flow practices, including Access & Flow meetings.	Project deliverables defined All project deliverables delivered on time, in scope	Monitoring and iteration - through Mar 31, 2025 Quarterly reporting and analysis via internal scorecard - through Mar 31, 2025
		90th percentile emergency department wait time to inpatient bed	O	Hours / ED patients	CIHI NACRS / ERNI hospitals: December 1st 2022 to November 30th 2023. Non-ERNI hospitals: April 1st 2023 to September 30th 2023 (Q1 and Q2)	TG = 29.3; TW = 35.7 (Q3 FY 23/24)	TG = 25.4 TW = 30.2	If most recent performance is below target, kept target for next year.				Project deliverables defined All project deliverables delivered on time, in scope	Monitoring and iteration - through Mar 31, 2025 Quarterly reporting and analysis via internal scorecard - through Mar 31, 2025
Experience	Patient-centred	Percentage of respondents who responded "completely" to the following question: Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital?	O	% / Survey respondents	Local data collection / Most recent consecutive 12-month period	55.37% (Q3 FY 23/24)	70%	If most recent performance is below target, kept target for next year.		1.UHN leaders to set program specific goals by using PREMs data with an org-wide focus on improving this indicator 2. Increased utilizaiton of Discharge Planning Toolkit & After Visit Summary	1. Optimization of Inpatient After Visit Summary templates to support increased adoption across inpatient clinical programs. 2. Actively reviewing qualitative survey data to identify themes and trends within patient experience data & utilize data to identify opportunities to further improve the patient experience across clinical programs. 3. Continued awareness building of patient-reported experience metrics data & increased utilization of dashboard to inform goal-setting by clinical programs.	1. Utilization of After Visit Summary 2. Identification of trends / themes & implementation of interventions based on patient experience data. 3. Utilization of PREMS dashboard to support program specific goal-setting and improvement initiatives broadly across UHN.	Monitoring and iteration - through Mar 31, 2025 Quarterly reporting and analysis via internal scorecard - through Mar 31, 2025
	Safe	Rate of workplace violence incidents resulting in lost time injury	O	% / Staff	Local data collection / Most recent consecutive 12-month period	0.26 (Q3 FY 23/24)	</=0.2	15% reduction from FY 23/24		1. TIDES Trauma Informed WPV Training. 2. Enhanced Safety Measures in EDs 3. Enhanced Incident Reporting & Folllow-Up 4. Enhanced Code White Response	1. Continued rollout and completion of TIDES trauma-informed workplace violence training for members of TeamUHN. 2. Optimization of updated incident reporting portal and communications.	1. Number of members of TeamUHN who have completed TIDES training. 2. Number and outcomes of workplace violence incidents in the EDs. 3. Number of workplace violence incidents submitted by staff. 4. Number, outcome, and feedback from staff related to Code White response.	Monitoring and iteration - through Mar 31, 2025 Quarterly reporting and analysis via internal scorecard - through Mar 31, 2025