



*Vision - Exceptional care, Every Person, Every Time*  
*Mission - Committed to exceptional healthcare, respect for the diversity of the people we serve, continuous improvement in the delivery of care and maintaining strong partnerships.*  
 April 2016 - March 2017

On Track	Performance indicator has met or exceeded or is not statistically different from the current period.
Caution	Did not meet the current benchmark but has improved or performance has declined within 10% of target.
Warning	Performance indicator did not meet the benchmark in the period and results are outside of 10% of target.

Performance																									
Quality & Safety	Performance Indicator	2015/16 Totals	April	May	June	Q1 A-J	July	August	Sept	Q2 J-S	Oct	Nov	Dec	Q3 O-D	Jan	Feb	Mar	Q4 J-M	2016/17 YTD	2016/17 Target	Trend	References Strategic Plan/ Op Plan/ QIP/ H-SAA	Reporting Entity	Responsibility	Actions/ Comments
	% of Admitted Patients Transferred to In-patient bed within 8 hours	66%	68%	71%	66%	69%	70%	78%	70%	73%	59%	74%	59%	64%	43%	46%	68%	52%	64%	60%	↗	Performance Scorecard	Board Quality & Safety		We are in extensive ED renovations for the next year and in over capacity during Q4.
	% of Non-Admitted High Acuity Patients Treated and Released within 8 hours	98%	98%	99%	99%	98%	99%	98%	98%	98%	98%	99%	98%	99%	98%	98%	99%	98%	98%	90%	→	Performance Scorecard	Board Quality & Safety		
	% of Non-Admitted Low Acuity Patients Treated and Released within 4 hours	95%	94%	97%	92%	94%	98%	98%	96%	97%	96%	96%	95%	96%	93%	94%	96%	94%	96%	90%	↗	Performance Scorecard	Board Quality & Safety		
	In-house survey: provide the % response to a summary question such as the "Willingness of patients to recommend the hospital to friends or family"	92.3%	93.3%	92.5%	97.9%	94.9%	92.6%	93.5%	94.4%	93.5%	89.3%	97.3%	100.0%	95.1%	94.2%	96.5%	91.2%	94.1%	94.3%	85%	↗	QIP, Performance Scorecard	Board Quality & Safety		
	CDI rate per 1,000 patient days.	0.24	0.69	0.66	0.34	0.57	0.00	0.37	0.36	0.233	0.00	0.00	0.00	0.00	0.00	0.32	0.00	0.10	0.22	0.22	↘	QIP/ HQO/ MOH/ H-SAA/ Performance Scorecard	Board Quality & Safety		Good performance for the quarter. Year total in line with provincial benchmark.
	CT Wait Times: 90th percentile completed within 28 day target (Priority 4 only)	28	27	23	23	24	24	21	12	21	15	16	14	15	14	11	11	13	21	28	↘	Performance Scorecard	Board Quality & Safety		
	Percentages hand Hygiene performed before initial patient/patient environment contact	83%	90.3%	62.0%	52.5%	66.0%	75.6%	77.8%	84.6%	79.4%	72.4%	71.1%	83.3%	76.5%	74.4%	69.2%	73.3%	72.4%	73.4%	80%	↗	Performance Scorecard	Board Quality & Safety		Ongoing organizational priority to improve compliance. Leadership engaged to improve adherence.
<b>Exceptional People/ Talent Management</b>																									
	The number of sick days per full time FTE, per month	1.01	1.27	1.08	1.05	1.14	0.75	0.80	1.22	1.04	1.24	1.28	1.44	1.14	1.04	1.39	0.88	1.13	1.13	0.8	↗	Performance Scorecard	Board Quality & Safety, Audit & Finance		These indicators will be changed for 2017/18 and will no longer be reported as not the best indicator of performance in these areas.
	The number of overtime hours per FTE, per month	3.20	3.05	2.77	2.07	2.64	3.96	3.05	2.58	2.91	3.70	3.08	3.27	3.06	4.01	3.56	2.99	3.18	3.18	2.0	↗	Performance Scorecard	Board Quality & Safety, Audit & Finance		
<b>Financial Accountability and Sustainability</b>																									
	Total Margin	2.76%	4.50%	-5.15%	4.60%	1.08%	-4.55%	1.82%	-6.53%	-4.96%	-3.29%	11.46%	4.32%	0.99%	-0.47%	-2.95%	13.38%	1.77%	1.77%	-3.26%	↘	H-SAA, Performance Scorecard	Audit & Finance		

\*\*Total Margin, Sick and OT for each quarter is the year to date number.