



Growing Together

CKHA's Balanced Scorecard



INDICATOR SOURCE:
 QIP Quality Improvement Plan
 LHIN H-SAA Hospital Sector Accountability
 Agreement
 OHA Ontario Hospital Association

Data retrieved March 28, 2019

Domain	Indicator	Baseline Performance	Target Performance	Target Justification and Comment(s)	Frequency	Q1 Year-to-Date	Q2 Year-to-Date	Q3 Year-to-Date	Q4 Year-to-Date
 Quality Patient Care	Enhance Patient Satisfaction in Inpatient Med/Surg (QIP)	56.7%	> 70.0%	Meet or exceed high performers	Monthly Year-to-Date	53.0%	57.1%	58.4%	57.0% ¹
	Enhance Patient Satisfaction Emergency Care in Chatham and Wallaceburg (QIP)	56.9%	> 63.0%	Meet or exceed high performers	Monthly Year-to-Date	60.7%	57.1%	55.5%	53.6% ¹
	Infection Rate per Thousand <i>Clostridium difficile</i> (H-SAA)	0.29	0.00	Meet or exceed LHIN H-SAA target	Monthly Year-to-Date	0.42	0.36	0.30	0.29
	Hospital Standardized Mortality Ratio	80.0%	≤ 72.3%	Meet or exceed high performers	Monthly Year-to-Date	87.3%	88.0%	82.0% ²	-
	QBP Readmission Rate All Causes Chronic Obstructive Pulmonary Disease (QIP)	13.0%	< 12.0%	Achieve 10% improvement to current performance and remain top performer in ESC LHIN	Monthly Year-to-Date	7.4%	12.6%	14.6%	15.0% ³
	QBP Readmission Rate All Causes Congestive Heart Failure (QIP)	21.3%	< 15.0%	Achieve 30% improvement over current performance	Monthly Year-to-Date	15.8%	16.4%	17.4%	17.7% ³
	Readmission within 30 days Selected HIGs Site Specific (H-SAA)	15.1%	≤ 15.5%	Meet or exceed LHIN H-SAA target	Monthly Year-to-Date	5.4%	10.7%	11.5%	12.4% ³
	Wait Times for Emergency Department Length Of Stay for Complex Patients (H-SAA)	6.5 hours	≤ 6.2 hours	Achieve 5% improvement to current performance and exceed LHIN H-SAA target	Monthly Year-to-Date	7.3 hours	7.4 hours	7.4 hours	7.5 hours ³
	Wait Times for Emergency Department Length Of Stay for Minor/Uncomplicated Patients (H-SAA)	4.1 hours	≤ 4.0 hours	Meet or exceed LHIN H-SAA target	Monthly Year-to-Date	4.8 hours	4.1 hours	4.1 hours	4.2 hours ³
	Percentage of Closed Cases Within Provincial Targets for Orthopedic Surgeries Wait Times Total Hip Replacement (H-SAA)	94.5%	≥ 96.1%	Be a high performer and exceed LHIN H-SAA target	Monthly Year-to-Date	85.9%	87.2%	81.0%	80.3%
	Percentage of Closed Cases Within Provincial Targets for Orthopedic Surgeries Wait Times Total Knee Replacement (H-SAA)	41.7%	≥ 90.0%	Meet or exceed LHIN H-SAA target	Monthly Year-to-Date	41.0%	50.6%	56.6%	58.2%
	Percentage of Closed Cases Within Provincial Targets for Diagnostic Imaging Wait Times CT Scan (H-SAA)	61.5%	≥ 90.0%	Meet or exceed LHIN H-SAA target	Monthly Year-to-Date	55.7%	49.0%	44.0%	45.0%
	Percentage of Closed Cases Within Provincial Targets for Diagnostic Imaging Wait Times MRI (H-SAA)	31.7%	≥ 90.0%	Meet or exceed LHIN H-SAA target	Monthly Year-to-Date	22.3%	20.0%	20.0%	20.0%
Hospital Harm Indicator	6.1%	≤ 5.8%	Achieve a 5% improvement over baseline	Annually	-	-	-	7.0% ⁴	
 People and Culture	Enhance Physician Engagement (QIP)	62.9%	> 74.0%	Meet or exceed Ontario average	Aligns with survey schedule	-	-	64.6%	-
	Enhance Employee Engagement (QIP)	62.9%	> 74.0%	Meet or exceed Ontario average	Aligns with survey schedule	59.9%	-	-	66.0%
	Patient Experience Advisors Meaningfully Engaged in Programs and Services	54.0%	100%	Fill all 24 patient advisor positions on Councils	Monthly Year-to-Date	79.0%	79.2%	91.7%	91.7%
	Reduce Lost Time Due to Injury and Workplace Violence	99 days	≤ 94 days	Achieve a 5% improvement over baseline	Monthly Year-to-Date	78.5 days	100.5 days	166.5 days	217.5 days ⁵
	Improve the Percent of Departments with Reductions in Sick Hours Compared to Target	56.2%	≥ 59%	Maintain or exceed OHA recommended target	Monthly Year-to-Date	65.4%	76.9%	73.7%	72.4%
	Percentage of Family Medicine Residents Who Train in Chatham-Kent Choose to Practice in Rural Settings	33.0%	100%	Residents committed to practice in a rural community after completing residency	Annually	-	-	-	20.0%



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 Internal Business Processes	Percentage of Revenue for Capital Allocation	N/A	2.0%	Sustain investment in capital equipment	Quarterly	2.8%	3.7%	3.2%	-
	Percent of Secondary Care of Chatham-Kent Residents Delivered in Chatham-Kent	67.2%	≥ 70.6%	Achieve a 5% improvement over baseline	Monthly Year-to-Date	63.9%	64.8%	65.8%	67.6% ³
	Goals and Objectives for the 2018-2021 Strategic Plan	N/A	≥ 90.0%	Goals and objectives should be achieved within timeframes	Monthly Year-to-Date	-	92.5%	93.2%	93.2%
	Medication Reconciliation Completed on Discharge (QIP)	25.1%	> 40.0%	Increase by 15 percentage points over baseline (60% improvement)	Monthly Year-to-Date	39.8%	39.6%	38.5%	39.3%
	Workplace Violence Prevention as Seen in Increase in Number Incidents Reported by Hospital Workers (QIP)	N/A	N/A	Collecting baseline	Monthly Year-to-Date	-	98	121	155
 Utilization and Fiscal Health	Balanced Financials Total Margin (H-SAA)	3.31%	> 0%	LHIN H-SAA target	Monthly Year-to-Date	2.79%	2.07%	2.58%	2.75%
	Balanced Financials Current Ratio (H-SAA)	0.712	≥ 0.44	LHIN H-SAA target	Monthly Year-to-Date	0.720	0.794	0.924	0.985
	ALC Rate Corporate for Acute and Post Acute (H-SAA)	17.1%	≤ 11.5%	Meet or exceed high performers	Monthly Year-to-Date	16.5%	18.0%	17.0% ⁶	-
	ALC Rate Acute for Chatham and Wallaceburg (H-SAA)	11.7%	≤ 12.5%	Meet or exceed high performers	Monthly Year-to-Date	12.7%	13.8%	12.9% ⁶	-
	ALC Rate Post Acute (H-SAA)	24.5%	≤ 6.1%	Meet or exceed high performers	Monthly Year-to-Date	21.8%	23.7%	22.5% ⁶	-
	Occupancy in Acute Care	80.0%	≥ 95.0%	Maintain Occupancy at 95% or greater	Monthly Year-to-Date	86.5%	86.5%	87.1%	89.2%
	Cost of a Standard Hospital Stay	\$5,520	≤ \$4,811	Meet or exceed high performers	Quarterly, available 1 month after quarter end	-	\$5,759	\$6,172 ⁷	-
	Access to Ambulatory Care with Reduction of Ambulatory Sensitive Admissions	4.9%	≤ 4.7%	Achieve a 5% improvement over baseline	Monthly Year-to-Date	5.0%	5.0%	5.0%	5.1%

Notes:

- 1 Data period for Patient Satisfaction remains open; satisfaction rates subject to change as surveys are returned. Reported data current to February 2019
- 2 Hospital Standardized Mortality Ratio data presented is current to December 2018, and subject to change as correction files are submitted. Data period is open.
- 3 Data for these indicators are reported current to January, 2019.
- 4 Hospital Harm Indicator results for 2017/2018 released in Q4 of 2018/2019.
- 5 Lost time cases current to February, 2019. Outstanding cases remain unapproved.
- 6 ALC rates previously reported as quarterly result. Rates have been adjusted to reflect current YTD.
- 7 Cost of a Standard Hospital Stay is based on an estimate as December weighted cases not yet available

Legend
Meeting or Exceeding Target
Performance below target within 10%
Performing below target by at least 10%