

**ONTARIO SHORES CENTRE FOR MENTAL HEALTH SCIENCES  
BALANCED SCORECARD Q1 2013/2014**

| <b>Strategic Direction #1 Strengthen Access and Capacity within Specialized Mental Health Care</b>  |              |        |              |
|---|--------------|--------|--------------|
| Indicator   | Target       | Result |              |
| Number of adverse Medication Events causing serious or critical harm  | <b>0</b>     |        | <b>0</b>     |
| Increase in OTN volumes associated with assessment, consultation, conferencing with patients, families and primary supports (Development) | <b>10%</b>   |        |              |
| % Alternate Level of Care (ALC) days of total patient days (QIP)  | <b>13.4%</b> |        | <b>15.7%</b> |

| <b>Strategic Direction #2 Build Capacity for Mental Health Well-Being in People and in Communities</b> |            |        |              |
|--|------------|--------|--------------|
| Indicator  | Target     | Result |              |
| Patient Satisfaction - Total Hospital (QIP)  | <b>89%</b> |        | <b>82.6%</b> |
| Readmission to our facility within 30 days of discharge  | <b>7%</b>  |        | <b>8.2%</b>  |
| GAF - % of patients with positive difference ≥ 10 between admission and discharge                      | <b>58%</b> |        | <b>48.1%</b> |

| <b>Strategic Direction #3 Explore and Enable New Healthcare Delivery Models</b>                                |             |        |              |
|--|-------------|--------|--------------|
| Indicator  | Target      | Result |              |
| Equivalent # of Patients on Restraints for 24 hrs/day - Locked Seclusions - Total Hospital                     | <b>2.50</b> |        | <b>1.32</b>  |
| Prevalence of Physical Restraint use at least once in 3 days prior to initial assessment (Admission RAI) (QIP) | <b>4.8%</b> |        | <b>4.4%</b>  |
| % of Patients who fell in the last 30 days with injury of moderate, serious or critical nature (QIP)           | <b>6%</b>   |        | <b>2.8%</b>  |
| Medication reconciliation at admission (QIP)   | <b>95%</b>  |        | <b>99.4%</b> |
| Hand Hygiene compliance before patient/patient environment contact (QIP)                                       | <b>87%</b>  |        | <b>89.0%</b> |
| Staff Vacancy Rate   | <b>5%</b>   |        | <b>3.8%</b>  |

| <b>Strategic Direction #4 Advance a Culture of Innovation and Discovery</b> |             |        |  |
|---|-------------|--------|--|
| Indicator (Development for Q2 reporting)                                    | Target      | Result |  |
| Number of Publications (Target 6 papers)                                    | <b>100%</b> |        |  |
| Number of Grant Submissions (Target 6) (Reported Quarterly)                 | <b>100%</b> |        |  |
| Number of Medical Students (Target 16)                                      | <b>100%</b> |        |  |
| Number of Students (Target 320)   | <b>100%</b> |        |  |

| <b>Transition Indicators (Care Co-ordination)</b>   |             |        |             |   |            |        |  |
|---|-------------|--------|-------------|---|------------|--------|--|
| Indicator   | Target      | Result |             | Indicator   | Target     | Result |  |
| Transitional Rehabilitation Housing with Length of Stay beyond 18 months (Development for Q2 Reporting) | <b>100%</b> |        |             | Medication reconciliation at discharge (Development for Q2 reporting) | <b>95%</b> |        |  |
| ALC Throughput (HSAA)   | <b>1.0</b>  |        | <b>1.12</b> |   |            |        |  |
| Number of Transfers from Hospital to Partial Hospitalization Program (Development)                      |             |        |             |   |            |        |  |
| Number of admission avoided due to Partial Hospitalization Program (Development)                        |             |        |             |   |            |        |  |

| <b>Fiduciary Indicators</b> |             |        |             |                       |             |        |             |
|-----------------------------|-------------|--------|-------------|-----------------------|-------------|--------|-------------|
| Indicator                   | Target      | Result |             | Indicator             | Target      | Result |             |
| Other HSAA Indicators       | <b>100%</b> |        | <b>100%</b> | Other MSAA Indicators | <b>100%</b> |        | <b>100%</b> |
| # Staff Critical Injuries   | <b>0</b>    |        | <b>0</b>    | Turnover Rate         | <b>7.0%</b> |        | <b>7.8%</b> |