

BOARD BALANCED SCORECARD Q2 2014-15

Strategic Direction #1 Strengthen Access and Capacity within Specialized Mental Health Care					
Indicator	Target	Q2	YTD		
			Target	Actual	
Number of adverse Medication Events causing serious or critical harm	0	0	0	0	0
Median # of Days Patients Waiting for Inpatient Admission (QIP) (Excludes Adolescent and Forensic units)	13	20	13	20	
Telemedicine volumes associated with Patient Present events (Target 1,548)	100%	81%	100%	68%	
% Alternate Level of Care (ALC) days of total patient days (QIP)	14.8%	11.6%	14.8%	11.9%	

Strategic Direction #2 Build Capacity for Mental Health Well-Being in People and in Communities					
Indicator	Target	Q2	YTD		
			Target	Actual	
Patient Satisfaction - Total Hospital (QIP)	89%	83.6%	89%	83.3%	
Readmission to our facility within 30 days of discharge	6.5%	9.2%	6.5%	10.0%	
GAF - % of patients with positive difference ≥ 10 between admission and discharge	58%	37.2%	58%	37.1%	

Strategic Direction #3 Explore and Enable New Healthcare Delivery Models					
Indicator	Target	Q2	YTD		
			Target	Actual	
Equivalent # of Patients on Restraints for 24 hrs/day - Locked Seclusions - Total Hospital	1.50	1.38	1.50	1.35	
Prevalence of Physical Restraint use at least once in 3 days prior to initial assessment (Admission RAI) (QIP)	4.0%	6.6%	4.0%	5.7%	
Medication reconciliation at discharge (QIP)	98%	100.0%	98%	98.1%	
Patient Positive Recovery Indicator (Development)					

Strategic Direction #4 Advance a Culture of Innovation and Discovery					
Consistently at 100% throughout Q2.					
Indicator	Target	Q2	YTD		
			Target	Actual	
Number of Grant Submissions (Target 10) (Reported Quarterly)	100%	800%	100%	650%	
\$ in Grant Awards Received (Target \$100,000) (Reported Quarterly)	100%	100%	100%	100%	
Research Department Revenue (Target \$20,000) (Reported Quarterly)	100%	0%	100%	0%	

Transition Indicators (Care Co-ordination)					
Indicator	Target	Q2	YTD		
			Target	Actual	
Forensic Transitional Rehabilitation Housing with Length of Stay less than 18 months	100%	0%	100%	50%	
NON- Forensic Transitional Rehabilitation Housing with Length of Stay Less than 18 months (Development)	100%	N/A	100%	N/A	
Number of Transfers from Hospital to Partial Hospitalization Program (Development)					
Number of admissions avoided due to Partial Hospitalization Program (Development)					

Indicator	Target	Q2	YTD		
			Target	Actual	
ALC Throughput (HSAA)	1.0	0.80	1.0	1.04	
% of Referrals accepted (Development)		52%		55%	

Fiduciary Indicators					
Indicator	Target	Q2	YTD		
			Target	Actual	
Turnover Rate (Rolling)	7.0%	N/A	7.0%	6.6%	
# Staff Critical Injuries	0	0	0	1	
Lost Time Injury Index	0.75	0.59	1.50	1.97	

Indicator	Target	Q2	YTD		
			Target	Actual	
Other HSAA Indicators	100%	N/A	100%	100%	
Other MSAA Indicators	100%	N/A	100%	100%	

BOARD Indicator Review Q2 2014-15

Strategic Direction	Indicator	Target	Q2		YTD		Comments
			Q2	Target	Actual		
Strategic Direction #1 Strengthen Access and Capacity within Specialized Mental Health Care	Number of adverse Medication Events causing serious or critical harm	0	0	0	0	0	No adverse medication events causing serious or critical harm in Q1; Three incidents resulting in minor harm and 40 causing no apparent harm. No adverse medication events causing serious or critical harm in Q2; one resulting in moderate harm, 3 causing minor harm and 24 causing no apparent harm.
	Median # of Days Patients Waiting for Inpatient Admission (QIP)	13	20	13	20	20	Eighty patients admitted from the wait list in Q1, waiting a median of 20 days, compared to 76 patients waiting for a median of 20 days in Q2. Ongoing demand for PICU and GDU beds. System surge continue to impact referral numbers. PDSA planned for fall with ongoing tracking at the wait times working group. 26% of pts. admitted from the wait list waited <13 days in Q2; 29% waited between 13 and 21 days, 33% waited between 22 and 60 days and 8% waited more than 61 days.
	Telemedicine volumes associated with Patient Present events (Target 1,548)	100%	81%	100%	68%	68%	92% increase in patient present events from Q1 (127) to Q2 (244). Q2 reported the highest number of patient present events since Q4 2012/13; Virtual Emergency Room visits remain consistent through Q2, average of 24 per month.
	% Alternate Level of Care (ALC) days of total patient days (QIP)	14.8%	11.6%	14.8%	11.9%	11.9%	34 ALC patients at the end of September. Continue to monitor through ALC dashboard and at monthly meeting. Meetings with CCAC initiated by GNP program to target CCAC refusals. Ongoing advocacy and review to improve turnover of long stay ALC patients.
Strategic Direction #2 Build Capacity for Mental Health Well-Being in People and in Communities	Patient Satisfaction - Total Hospital (QIP)	89%	83.6%	89%	83.3%	83.3%	Increase from Q1 (82.1%) to Q2 (83.6%); 64 responses to satisfaction question in Q1, compared to 128 in Q2. Program improvement teams have identified target areas. Change strategies being identified but not yet implemented. Corporate patient satisfaction working group led focus groups in 11 units. Focus on those areas identified for improvement: activities on evenings and weekends, how to raise a concern/complaint, med. info. (Forensics only) and help dealing with daily problems and accomplishing goals. Improvement teams continuing to plan PDSA's for the fall.
	Readmission to our facility within 30 days of discharge	6.5%	9.2%	6.5%	10.0%	10.0%	High readmission in April and September due to patients not coping well in the community, forensic court order/condition breach, and other avoidable admissions which have been addressed. Further root cause analysis is underway.
	GAF - % of patients with positive difference ≥ 10 between admission and discharge	58%	37.2%	58%	37.1%	37.1%	Fifty-seven of 154 (37.0%) in Q1 reported an increase greater than 10 from admission to discharge; Fifty-four of 145 (37.2%) in Q2. Excluding short stay assessments and unplanned discharge assessments improves the Q2 result to 41.5%, Q1 38%, Q2 YTD 39.6%.

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Strategic Direction	Indicator	Target	Q2		YTD		Comments	
			Q2	Target	Actual			
Strategic Direction #3 Explore and Enable New Healthcare Delivery Models	Equivalent # of Patients on Restraints for 24 hrs/day - Locked Seclusions - Total Hospital	1.50		1.38	1.50		1.35	3040.17 seclusion hours in Q2, compared to 2905.18 hours in Q1.
	Prevalence of Physical Restraint use at least once in 3 days prior to initial assessment (Admission RAI) (QIP)	4.0%		6.6%	4.0%		5.7%	Clarification of the interpretation of the Physical/Manual restraint by staff during Q2 resulted in corrections to May (previously 10.9%) and June (previously 5.9%). Q1 value revised from 7.5% to 4.8%. Ten of 152 admission assessments in Q2 reported mechanical restraint use, compared to 7 of 147 in Q1. Q2 results - 3.3% if excluding safety devices (YTD 2.7%).
	Medication reconciliation at discharge (QIP)	98%		100.0%	98%		98.1%	Consistently at 100% throughout Q2.
Strategic Direction #4 Advance a Culture of Innovation and Discovery	Number of Grant Submissions (Target 10) (Q1 - 1, Q2 - 1, Q3 - 3, Q4 - 5)(Reported Quarterly)	100%		800%	100%		650%	Eight grant submissions in Q2, compared to target of 1. Q1 results revised from 2 to 5 grant submissions.
	\$ in Grant Awards Received (Target \$100,000) (Q1 \$0, Q2 \$0, Q3 \$50,000, Q4 \$50,000) (Reported Quarterly)	100%		100%	100%		100%	No Grant awards received in Q1 or Q2.
	Research Department Revenue (Target \$20,000) (Reported Quarterly)	100%		0%	100%		0%	No Research department revenue reported in Q1 or Q2.
Transition Indicators (Care Co-ordination)	Forensic Transitional Rehabilitation Housing with Length of Stay less than 18 months	100%		0%	100%		50%	One discharge in Q2. Three in Q1. Patients discharged in 2014/15 had lengths of stay ranging between 6.5 to 23.5 months.
	NON- Forensic Transitional Rehabilitation Housing with Length of Stay Less than 18 months (Development)	100%		N/A	100%		N/A	
	Number of Transfers from Hospital to Partial Hospitalization Program (Development)							
	Number of admissions avoided due to Partial Hospitalization Program (Development)							
	ALC Throughput (HSAA)	1.0		0.80	1.0		1.04	Seventeen ALC discharges in Q1 divided by 14 new ALC orders. Eight ALC discharged in Q2 divided by 10 new orders.
	% of Referrals accepted (Development)			52%			55%	675 referrals accepted of 1165 referrals reviewed in Q1, compared to 571 referrals accepted or 1092 referrals reviewed in Q2.
Fiduciary Indicators	Turnover Rate (Rolling)	7.0%		N/A	7.0%		6.6%	
	# Staff Critical Injuries	0		0	0		1	One critical injury on GPU in April.
	Lost Time Injury Index	0.75		0.59	1.50		1.97	Six lost-time injuries in Q2, compared to 14 in Q1.
	Other HSAA Indicators	100%		N/A	100%		100%	HSAA indicators include: Infection Rates(MRSA, VRE and CDI), Total Margin, Current Ratio and SWPD.
	Other MSAA Indicators	100%		N/A	100%		100%	MSAA indicators include: individuals served and visits.