

FY 2018/19 Corporate Scorecard



	Key Performance Indicator (KPI)	KPI Definition / Calculation	Strategic Objective	Data Source	EVP / VP / Chief Lead	VP / Director Lead	YTD Performance								Favorable Trend	Target Corridors
							FY 17/18 Target	FY 17/18 Actuals	FY 18/19 Targets	FY 18/19 Q1 Actuals	FY 18/19 Q2 Actual	FY 18/19 Q3 Actual	FY 18/19 Actual	Variance (%)		
Outcomes	TAHSN Learner Engagement - Recommendation (%)	Percentage of students who either agreed or strongly agreed with the TAHSN survey question, "I would recommend a placement here to my fellow student."	Quality education and training	Medical, Clinical and Corporate Student Satisfaction Surveys	Pam Hubley	Kelly McMillen	93%	96%	94%	92%	94%	94%	94%	0%	▲	Green: >= 94 % Yellow: >= 90 % Red: < 90 %
	Serious Safety Event Rate (SSER) Adjusted Patient Days (Rate)	Number of patient Serious Safety Events /10,000 adjusted patient days* *denominator calculated by finance to representatively include inpatient, ambulatory, ED and day surgery patients at risk for SSE	Eliminate Preventable Harm	Risk Management (Harm Index) / Finance	Jeff Mainland Lennox Huang	Rick Wray	0.80	0.57	0.40	0.58	0.60	0.58	0.50	25.75%	▼	Green: <= 0.40 Yellow: <= 0.44 Red: > 0.44
Quality	Medication Reconciliation at Discharge (%)	Electronic Med Rec Inpatient Units (eMedRec) – Percent of discharged patients with completed medication reconciliation, based on all admitted patients to the unit (100% sampling)	Eliminate preventable harm	Epic (Quality Management)	Dr. Lennox Huang	Rick Wray			90%	83.4%	89%	90.8%	91.7%	1.7%	▲	Green: >= 90.0 % Yellow: >= 81.0 % Red: < 81.0 %
	Average LOS (MOH) for the Lowest 99% of Inpatients	The average length of stay for the lowest 99% of inpatients. Note that the excluded 1% represents a exceptionally long stay patients who require individual management and whose LOS would be unaffected by defined change initiatives for the lowest 99%.	Improve equitable and timely access	BI - Inpatient Activity App	Marilyn Monk Ronald Cohn	Farrah Ladha/Kate Langrish	5.20	5.07	5.05	5.17	5.04	5.15	5.19	2.74%	▼	Green: <= 5.05 Yellow: <= 5.30 Red: > 5.30
	Ambulatory Out of Window Wait Times (%)	Percent of ambulatory out of window wait times for new referrals to Ambulatory surgical clinics (Gynaecology, General Surg, Urology, Ophthalmology, Dentistry, Plastic Surgery, ENT, Orthopaedics).	Improve equitable and timely access	EPIC	Karen Kinnear	Karen Kinnear	25.0%	23.9%	TBD	Data Not Available				▼	Green: <= 25.0 % Yellow: <= 23.9 % Red: > 23.9 %	
	Inpatient Communication Dimension (Guardian) - % top box responses	Percentage of the most positive (top box) responses to National Research Council Canada (NRCC) survey related to the Communication Dimension pertaining to the Guardian (4 point scale & composite of 6 questions: kept informed in ED, Nurses explained things well, MDs explained things well, Providers explained things well, Received enough test info., Told how to report mistakes)	Champion continuous improvement	HCAHPS Child Health Survey	Pam Hubley Ronald Cohn	Karima Karmali Rick Wray	62.0%	64.2%	68%	61.1%	64.8%	63.4%	One Qtr Behind	-4.6%	▲	Green: >= 68.0 % Yellow: >= 61.2 % Red: < 61.2 %
	Potentially Preventable Hospital Acquired Conditions Rate/1000 Patient Days (Rate) (HAC)	Select current hospital acquired conditions (HACs) reported on the hospital Harm Index Report/1000 patient days (excluding Serious Safety Events and VAP) (Including: SSI, CLABSI, PU, ADE, CAUTI, Falls)	Eliminate Preventable Harm	HAC Data	Lennox Huang Judy Van Cleef Karen Kinnear	Rick Wray	previously not reported		0.9	1.22	1.29	1.10	1.02	13.04%	▼	Green: <= 0.9 Yellow: <= 1.0 Red: > 1.0
	Appropriate Antibiotic Prophylaxis After Surgery (%)	Percentage of adherence to SickKids formulary standards for post-op antibiotic prophylaxis using a representative 10% sampling plan from 7 surgical services monthly. Validated need for treatment of infection does not count as non-compliance/over use of antibiotics. (Neurosurgery, CVS, ENT, General, Urology, Orthopedics, Plastics)	Eliminate Preventable Harm	Manual Collection (chart review)	Lennox Huang Surgeon-In-Chief	Jimmy Fung/TBD	previously not reported		85%	77%	81%	82%	82%	-3%	▲	Green: >= 85 % Yellow: >= 74 % Red: < 74 %
	ED Patients Waiting Longer than 2 hrs before PIA (%)	Service standard calculating number of ED patients who waited longer than 2 hours for an initial assessment by a defined care provider (MD, NP, PA).	Improve equitable and timely access	Qlikview ED App	Judy Van Cleef Ronald Cohn	Jason Fischer Lnette Margallo	27.0%	30.5%	27%	29%	27.1%	32.9%	31.0%	4.0%	▼	Green: <= 27.0 % Yellow: <= 30.0 % Red: > 30.0 %
	Barcode Medication Administration Compliance (BCMA) (%)	Percent compliance with barcode scanning medication administration (hospital wide). This measures the degree of conformity across the hospital of scanning the patient ID band and the medication support the 5 rights of medication administration, in order to improve accuracy and prevent errors.	Improve equitable and timely access	Epic	Karen Kinnear	Helen Edwards Mary McAllister	previously not reported		85%	80.4%	82.3%	84.4%	86.2%	1.2%	▲	Green: >= 85.0 % Yellow: >= 74.0 % Red: < 74.0 %
Project Horizon Progress to Plan (%)	Percentage of progress on milestones met for Project Horizon.	Optimizing current and developing new physical infrastructure	Financial Project Tracking	Peter Goldthorpe	David Hope Peter Sawras	100%	100%	100%	100%	100%	100%	100%	0%	▲	Green: >= 100 % Yellow: >= 89 % Red: < 89 %	

FY 2018/19 Corporate Scorecard



Key Performance Indicator (KPI)	KPI Definition / Calculation	Strategic Objective	Data Source	EVP / VP / Chief Lead	VP / Director Lead	YTD Performance							Favorable Trend	Target Corridors	
						FY 17/18 Target	FY 17/18 Actuals	FY 18/19 Targets	FY 18/19 Q1 Actuals	FY 18/19 Q2 Actual	FY 18/19 Q3 Actual	FY 18/19 Actual			Variance (%)
Infrastructure	Energy Use Intensity (EUI)	The amount of energy use as a function of building size in gigajoules (GJ) per square meter (m2)	Utility Bills	Laurie Harrison	Doug Shiozaki	1.76	2.00	1.95	0.46	0.88	1.40	2.00	2.73%	▼	Green: <= 0.83 Yellow: <= 0.91 Red: > 0.91
	Waste Diversion Rate (%)	Percent of waste diverted from landfill disposal.	Manual Collection (Facilities Planning)	Laurie Harrison	Doug Shiozaki	35%	33%	34%	40%	38%	37%	36.6%	2.6%	▲	Green: >= 34 % Yellow: >= 31 % Red: < 31 %
	BI Utilization Rate - Clinical, Finance, HR and Research QlikView Application (%)	Rate of utilization of all applications (clinical, finance, HR and Research)* *# of users who access the application/# of user who have access to the apps	Building an integrated technology environment	QlikView	Jeff Mainland	Ladan Dadgar	previously not reported		TBD	Data not available	59%	62%	67%		▲
Health Systems	CTAS L4 & 5 from Markham Stouffville Catchment	Rate of CTAS Level 4 and 5 ED Visits from Markham Stouffville Hospital (MSV) catchment area over all CTAS level 4 & 5 (%).	Qlikview (CDM)	Pam Hubley	Linette Margallo	N/A	4.7%	4%	3.9%	3.83%	3.97%	4.1%	0.1%	▼	Green: <= 4.0 % Yellow: <= 4.4 % Red: > 4.4 %
	Boomerang Health Physician Patient Visits	Number of patients seen by physicians	OSCAR (Electronic Medical Record)	Jeff Mainland	Lara Pietrolungo	previously not reported		3763	1317	2726	4542	6657	77%	▲	Green: >= 1807 Yellow: >= 1626 Red: < 1626
Innovation	CIHR Project Grants Success Rate (%)	Canadian Institutes of Health Research (CIHR) success rate for the project grants.	Canadian Institutes of Health Research (CIHR)	Dr. Michael Salter	Susan Malench Ramune Pleinys	5%	15%	5%	Data Not Available	11.9%	10.1%	10.1%	5.1%	▲	Green: >= 5.0 % Yellow: >= 3.0 % Red: < 3.0 %
	Number of License Agreements (Bi-Annual) (#)	Number of new IP licenses executed	Manual Collection	Michael Salter	Namrata Barai	35	36	37	Data Not Available	17	17	39	5%	▲	Green: >= 37 Yellow: >= 34 Red: < 34
People	Rate of SickKids new employees*trained** in Caring Safety Error Prevention (%)	Percentage of new Sickkids employees trained in Caring Safely Error Prevention within 3 months of employment  * All new hires, excluding RI **Trained either through iLearn for those staying <= 6 months or face-to-face in class for others	LMS	Lennox Huang Jeff Mainland Susan O'Dowd	Lennox Huang Jeff Mainland Susan O'Dowd	previously not reported		90%	72%	67%	63.0%	One Qtr Behind	-27%	▲	Green: >= 90 % Yellow: >= 79 % Red: < 79 %
	Lost Time Index (%)	Percentage of lost time claims compared to the total number of employee incidents reported.	Safety Reporting System	Susan O'Dowd	Laura Alexander	6.0%	6.4%	6.0%	7.5%	5.7%	5.5%	6.02%	0.02%	▼	Green: <= 6.0 % Yellow: <= 8.1 % Red: > 8.1 %
	Health and Safety Compliance (%)	The average of scores for manager responses to JOHSC recommendations within 21 days, manager responses to employee safety reports, and respirator fit testing compliance.	HR Report Centre Reports, AEMS Reports and Manual Collection (Occupational Health and Safety Services)	Susan O'Dowd	Laura Alexander	85.0%	73.7%	85.0%	68.4%	72.1%	73.2%	73.6%	-11.4%	▲	Green: >= 85.0 % Yellow: >= 79.0 % Red: < 79.0 %
	Overall Number of Workplace Violence Incidents (Actual number of incidents)	There is increasing concern and focus on workplace violence against workers in the Healthcare sector. As a result, the Ministry of Health mandated a measurement indicator with a standard definition from the Occupational Health and Safety Act 2016*: Workplace violence is defined as the exercise of physical force by a person against a worker, in a workplace, that causes or could cause physical injury to the worker. It also includes an: attempt to exercise physical force against a worker in a workplace, that could cause physical injury to the worker and a statement or behaviour that a worker could reasonably interpret as a threat to exercise physical force against the worker, in a workplace, that could cause physical injury to the worker.	Advance a healthy and safe organization	Safety Reporting System	Susan O'Dowd	Chris Bartha	previously not reported		N/A	31	57	96	139		▲
Finance	Surplus/Deficit in Operations (\$M)	Surplus of revenues over expenses from operations (excluding unrestricted and restricted investment income and building depreciation)	PeopleSoft (Finance)	Laurie Harrison	Lisa Martin/ Sandra Bradshaw	(3.0)	\$6.8M	within \$0.1M of plan \$3.6M	\$3.5M	\$15.2M	\$18.5M	\$4.5M	4400.0%	▲	Green: >= -9.4 Yellow: >= -9.5 Red: < -9.5