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<td><strong>Outcomes</strong></td>
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<td>Target Learner Engagement - Recommendation (%)</td>
<td>Percentage of students who either agreed or strongly agreed with the 'fully satisfied' question, &quot;I would recommend a placement here to my fellow students.&quot;</td>
<td>Improve educational and professional satisfaction</td>
<td>Survey</td>
<td>Mindi McAlister</td>
<td>90%</td>
<td>90%</td>
<td>90%</td>
<td>90%</td>
<td>90%</td>
<td>90%</td>
<td>0%</td>
<td>Green: &gt; 90% Yellow: 80-90% Red: &lt; 80%</td>
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<tr>
<td>Serious Safety Events Rate (SAE Adjusted Patient Days)</td>
<td>Number of patient serious safety events / 10,000 adjusted patient days” calculated by Pharmacy. Expressed as a percentage of patients where SAEs occurred.</td>
<td>Reduce patient harm</td>
<td>SAE data</td>
<td>Dr. Lennox Huang</td>
<td>4.00</td>
<td>0.30</td>
<td>0.66</td>
<td>0.50</td>
<td>0.28</td>
<td>0.37</td>
<td>0.05</td>
<td>Red: &gt; 4.00</td>
<td></td>
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<td></td>
<td><strong>Rate of Potentially Preventable Hospital Acquired Conditions (HAC) Per 1000 Days</strong></td>
<td>Select current hospital acquired conditions (HACs) accrued on the hospital’s inpatient index report/1000 patient days (including Serious Safety Events and SAEs (excluding: GI, URI, PR, AKI, CAUTI, FAI))</td>
<td>Reduce hospital acquired conditions</td>
<td>HAC Data</td>
<td>Dr. Lennox Huang</td>
<td>0.90</td>
<td>3.00</td>
<td>0.90</td>
<td>0.88</td>
<td>0.87</td>
<td>0.07</td>
<td>1.00</td>
<td>Red: &gt; 3.00</td>
</tr>
<tr>
<td></td>
<td><strong>Average LOS (days) for the Lower 90% of Patients</strong></td>
<td>The average length of stay for the lowest 90% of patients. Note that the excluded 10% represents a medically long stay patients who require individual management and whose LOS would be affected by defined charge initiatives for the lowest 90%.</td>
<td>Improve hospital efficiency and patient satisfaction</td>
<td>Activity App</td>
<td>Marilyn Mark</td>
<td>TBD</td>
<td>5.05</td>
<td>5.17</td>
<td>5.05</td>
<td>5.18</td>
<td>5.19</td>
<td>6.26</td>
<td>0.10</td>
</tr>
<tr>
<td></td>
<td>% El Öst Patients waiting longer than 1 hour deliverable provider initial assessment (HPI)</td>
<td>Percentage of patients who waited longer than 1 hour for an initial assessment by a delivery provider (HPI), HPI.</td>
<td>Improve response time and patient satisfaction</td>
<td>Activity App</td>
<td>Judy Van Cleef</td>
<td>27%</td>
<td>31%</td>
<td>10%</td>
<td>30%</td>
<td>28%</td>
<td>12%</td>
<td>8%</td>
<td>Red: &gt; 30%</td>
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<td></td>
<td><strong>Time is Required Red (with Protocol) (hrs)</strong></td>
<td>Time interval between ED disposition date/time and patient left discharge date for admitted patients to an inpatient bed or operating room at SWH level. Note: % of patients receiving an HPI for an HPI red will also be provided to support the analysis.</td>
<td>Improve hospital efficiency and patient satisfaction</td>
<td>Wiki App</td>
<td>Karen Kinnear</td>
<td>2.31</td>
<td>1.94</td>
<td>1.94</td>
<td>1.94</td>
<td>1.94</td>
<td>2.31</td>
<td>2.31</td>
<td>Red: &gt; 2.31</td>
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<td></td>
<td><strong>Percent time positive diagnostics of specialty/trauma infections in all patients (%)</strong></td>
<td>Percentage of the most positive/negative responses for the NICU/ICU inpatient survey. Related to Communication Dimension pertaining to the Emotional (expert score) and Complete the Questionnaire (URS, no participant participation).</td>
<td>Improve diagnostic stewardship</td>
<td>Activity App</td>
<td>Linette Margallo</td>
<td>27%</td>
<td>31%</td>
<td>10%</td>
<td>30%</td>
<td>28%</td>
<td>12%</td>
<td>8%</td>
<td>Red: &gt; 30%</td>
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<td></td>
<td><strong>Accurate Medication Administration Compliance (%)</strong></td>
<td>Percentage of patients that were administered the correct medication at the right dose at the right time.</td>
<td>Improve medication accuracy</td>
<td>Activity App</td>
<td>Karen Kinnear</td>
<td>86%</td>
<td>86.6%</td>
<td>95%</td>
<td>91.6%</td>
<td>91.8%</td>
<td>92.1%</td>
<td>92%</td>
<td>Green: &gt; 92% Yellow: 90-92% Red: &lt; 90%</td>
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<tr>
<td></td>
<td><strong>Experienced Communication (Fronts/Backs) - Top box responses</strong></td>
<td>Percentage of the most positive/neutral responses for the NICU/ICU inpatient survey. Related to Communication Dimension pertaining to the Emotional (expert score) and Complete the Questionnaire (URS, no participant participation).</td>
<td>Improve patient satisfaction</td>
<td>Activity App</td>
<td>Karen Kinnear</td>
<td>86.7%</td>
<td>66%</td>
<td>67.8%</td>
<td>65.5%</td>
<td>64%</td>
<td>Dim On Bench</td>
<td>1.0%</td>
<td>Green: &gt; 86.7% Yellow: 80-86% Red: &lt; 80%</td>
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<tr>
<td></td>
<td><strong>Overall Satisfaction (Inpatient - Top box responses)</strong></td>
<td>Percentage of most positive/neutral responses (i.e. scores of 4 and 5) to the NICU/ICU inpatient survey.</td>
<td>Improve patient satisfaction</td>
<td>Activity App</td>
<td>Karen Kinnear</td>
<td>81%</td>
<td>82%</td>
<td>82%</td>
<td>82%</td>
<td>82%</td>
<td>82%</td>
<td>0%</td>
<td>Green: &gt; 80% Yellow: 75% Red: &lt; 75%</td>
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<tr>
<td></td>
<td><strong>Clinical Process Effectiveness</strong></td>
<td>A study specific, (compliance with best practices, outcomes, processes)</td>
<td>Improve clinical processes</td>
<td>Activity App</td>
<td>Lisa Evans</td>
<td>60%</td>
<td>60%</td>
<td>60%</td>
<td>60%</td>
<td>60%</td>
<td>60%</td>
<td>60%</td>
<td>Data Not Available</td>
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<td></td>
<td><strong>Virtual Care Utilization</strong></td>
<td>Percentage of virtual visits that resulted in patient satisfaction survey.</td>
<td>Improve patient satisfaction</td>
<td>Activity App</td>
<td>Karen Kinnear</td>
<td>81%</td>
<td>82%</td>
<td>82%</td>
<td>82%</td>
<td>82%</td>
<td>82%</td>
<td>0%</td>
<td>Green: &gt; 80% Yellow: 75% Red: &lt; 75%</td>
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<td><strong>Bucket Rate (%)</strong></td>
<td>Percentage of parent calls and parent contacts made to the balloon/Patient Experience Program</td>
<td>Improve parent satisfaction</td>
<td>Activity App</td>
<td>Lisa Evans</td>
<td>60%</td>
<td>60%</td>
<td>60%</td>
<td>60%</td>
<td>60%</td>
<td>60%</td>
<td>0%</td>
<td>Green: &gt; 60% Yellow: 55% Red: &lt; 55%</td>
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<td></td>
<td><strong>Project Horizon Progress to Plan (%)</strong></td>
<td>Percentage of progress in milestones met for Project Horizon.</td>
<td>Improve project management</td>
<td>Activity App</td>
<td>Linette Margallo</td>
<td>50%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>0%</td>
<td>Green: &gt; 90% Yellow: 60-90% Red: &lt; 60%</td>
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<td></td>
<td><strong>Energy Use Intensity (kWh) / ( \text{MWh} ))</strong></td>
<td>Annual energy use as a function of building size in gigajoules (GJ) per square meter (m2)</td>
<td>Improve energy efficiency</td>
<td>Activity App</td>
<td>Lisa Evans</td>
<td>1.31</td>
<td>1.33</td>
<td>1.32</td>
<td>1.33</td>
<td>1.32</td>
<td>1.30</td>
<td>0%</td>
<td>Green: &gt; 1.30 Yellow: 1.20-1.30 Red: &lt; 1.20</td>
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<td></td>
<td><strong>Waste diversion Rate (%)</strong></td>
<td>Percentage of waste diverted from landfill disposal.</td>
<td>Improve waste management</td>
<td>Activity App</td>
<td>Linette Margallo</td>
<td>99%</td>
<td>96%</td>
<td>93%</td>
<td>96%</td>
<td>93%</td>
<td>96%</td>
<td>0%</td>
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<td>FY 2019/20 Corporate Scorecard</td>
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| Prepared by Decision Support Page 1
**Key Performance Indicator (KPI) | KPI Definition / Calculation | Strategic Objective | Data Source | EVP / VP / Chief Lead | VP / Director Lead | FY 18/19 Target | FY 18/19 Actuals | FY 18/19 Q1 2020 | FY 18/19 Q2 2020 | FY 18/19 Q3 2020 | FY 18/19 Q4 2020 | Variance (%) | Favorable Trend | Target Corridors
---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---

### Health Systems

**Boomerang Health Patient Visits**
- Number of patients seen by physicians.
- Improve equitable and timely access.
- Connected Care Program.
- Jeff McManus
- Lisa Pettenkofer

**Number of connected care program visits**
- Number of connected care visits by connected care programs.
- Improve equitable and timely access.
- Connected Care Program.
- Dr. Michael Salter
- Susan MacKinnon

**CHM Project Grants Successful Rate (%)**
- Canadian Institutes of Health Research (CIHR) success rate for the project grants competition.
- Budget and promote the generation of new ideas.
- Dr. Michael Salter
- Nanette Roos

### Innovation

**Rate of SickKids new employees trained in Caring Safety Error Prevention (%)**
- Percentage of new SickKids employees trained in Caring Safety Error Prevention within 6 months of employment.
- Advance a health and safe organization.
- Laura Kuan
- Dr. Michael Salter

**Reduced levels on Safety Reporting (%)**
- The average of scores for manager responses to Safety Reporting forms within 2 weeks.
- Advance a healthy and safe organization.
- Dr. Michael Salter
- Laura Alexander

### People

**Staff Wellness**
- Increase the number of staff who accessed the Staff Mental Health wellness web page by 5%.
- Advance a healthy and safe organization.
- Dr. Michael Salter
- Laura Alexander

**Peer Support utilization**
- Increase the number of individual submissions to the Peer Support Program by 5%.
- Advance a healthy and safe organization.
- Dr. Michael Salter
- Laura Alexander

### Workplace Violence Incidents Reported (Injury)
- Mandatory indicator with standard definition from Occupational Health and Safety Act 2016. No 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.
- The exercise of physical force by a person against a worker, in a workplace, that causes or could cause physical injury to the worker.
- Dr. Michael Salter
- Chris Berta

### Finance

**Surplus/Deficit in Operations ($M)**
- Revenue ($M) - Program (IPP) monthly international patient revenue ($M) - unrestricted cash on hand.
- Increase the number of patients seen by physicians.
- Increase equitable and timely access.
- Connected Care Program.
- Dr. Michael Salter
- Cindy Bruce-Barrett

**Unrestricted Cash on Hand by 1st March 2020 ($M)**
- Cash and short term investments that are available for operations.
- Connected Care Program.
- Dr. Michael Salter
- Cindy Bruce-Barrett

**International Patient Program (IPP) monthly revenue ($M)**
- Realizable revenue from international patients.
- Connected Care Program.
- Dr. Michael Salter
- Cindy Bruce-Barrett

*Prepared by Decision Support*