

	Key Performance Indicator (KPI)	KPI Definition / Calculation	Strategic Objective	Data Source	EVP / VP / Chief Lead	VP / Director Lead	YTD Performance							Variance (%)	Favorable Trend	Target Corridors
							FY 18/19 Target	FY 18/19 Actuals	FY 19/20 Targets	FY 19/20 Q1 Actuals	FY 19/20 Q2 Actuals	FY 19/20 Q3 Actuals	FY 19/20			
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	94%	94%	94%	92%	93%	95%	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	Dr. Lennox Huang Jeff Mainland	Rick Wray	0.40	0.50	0.40	0.56	0.58	0.38	0.37	-8.45%	▼	Green: <= 0.40 Yellow: <= 0.60 Red: > 0.60
	Rate of Potentially Preventable Hospital Acquired Conditions Rate/1000 Patient Days (Rate)	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	Dr. Lennox Huang Dr. Jim Drake Judy Van Cleef Karen Kinnear	Rick Wray	0.90	1.03	0.90	0.96	0.98	0.97	0.97	7.49%	▼	Green: <= 0.9 Yellow: <= 1.0 Red: > 1.0
	Average LOS (MOH) for the Lower 99% of Inpatients	The average length of stay for the lowest 99% of inpatients. Note that the excluded 1% represents an 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	TBD	5.05	5.17	5.05	5.34	5.18	5.19	5.26	4.19%	▼	Green: <= 5.05 Yellow: <= 5.30 Red: > 5.30
	% ED Patients waiting longer than 2 hours before provider initial assessment (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	Jason Fischer Linette Margallo	27%	31%	30%	33.5%	28.3%	32.4%	33.4%	3.40%	▼	Green: <= 30 % Yellow: <= 33 % Red: > 33 %
	Time to Inpatient Bed (90th Percentile) (Hrs.) (Mandatory)	Time interval between ED disposition date/time and patient left ED date/time for admitted patients to an inpatient bed or operating room - @ 90th%ile level. Note: % of Patients exceeding 4 hrs wait for an IP Bed will also be provided to support the analysis.	Improve equitable and timely access	Qlikview ED App	Judy Van Cleef Dr. Jeremy Friedman	Linette Margallo Kate Langrish	N/A	4.87	5.04	5.91	5.65	6.43	6.41	27.25%	▼	Green: <= 5.04 Yellow: <= 5.09 Red: >5.09
	Percent false positive diagnosis of urinary tract infections in ED patients (%)	Improve diagnostic stewardship by reducing the false positive diagnosis rate of urinary tract infections (UTIs) in ED patients to 25% or less; provide timely notification of urine culture results to 100% of patients and families with a UTI diagnosis.	Improve effectiveness and efficiency of patient-centered care	Epic Beaker and ASAP	Dr. Jeremy Friedman	Linette Margallo	previously not reported		25%	41%	37%	35%	35%	10%	▼	Green: <= 25% Yellow: <= 40% Red: >40%
	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.	Eliminate Preventable Harm	Epic	Karen Kinnear	Helen Edwards Mary McAllister	85%	86.2%	91%	91.4%	91.8%	92.1%	92%	1.0%	▲	Green: >= 91 % Yellow: >= 82 % Red: <82 %
	Inpatient Communication Dimension (Guardian) - % top box responses	Percentage of the most positive/top box responses to the NRC Health inpatient survey related to 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 information; told how to report mistakes).	Champion continuous improvement	NRC Health (Ontario Pediatric Patient Experience of Care Survey)	Pam Hubley	Karima Karmali Rick Wray	68%	63.7%	66%	67.8%	65.3%	64.6%	One Qtr Behind	-1.4%	▲	Green: >= 66.0 % Yellow: >= 59.4 % Red: < 59.4 %
	Overall Satisfaction (Inpatient) - % top box responses	Percentage of most positive/top box responses (i.e. scores of 9 and 10) to the NRC Health pediatric inpatient survey question: Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your child's stay?	Champion continuous improvement	NRC Health (Ontario Pediatric Patient Experience of Care Survey)	Pam Hubley	Karima Karmali Rick Wray	N/A	81%	82%	89.2%	82.0%	80.7%	One Qtr Behind	-1.3%	▲	Green: >=82 % Yellow: >= 72 % Red: < 72 %
Clinical Research Process Effectiveness	Study approval time (compliance approval from SPRINT); % of studies reaching target of 90 days. Time from eREB submission to REB approval for prospective interventional studies.	Fostering clinical research excellence	SPRINT	Dr. Michael Salter	Lisa Goos	previously not reported		60%				Data Not Available		▲	Green: >=60% Yellow: >= 50% Red: < 50%	
Virtual Care Utilization	Percent of virtual ambulatory visit volume increase within first 6 months of pilot (3 areas selected) process improvement initiative and first year of partnership with OTN on virtual care initiative.	Improve equitable and timely access	N/A	Karen Kinnear	Christine Clark	previously not reported		30%				Under Development		▲	Green: >= 30% Yellow: >= 27% Red: <27%	
Backorder Rate (%)	Number of order lines not filled / Number of lines ordered through the Cardinal Stockless Program	Improve equitable and timely access	Daily report from Cardinal	Laurie Harrison	Steve Wood	previously not reported		5%	3.9%	3.6%	3.3%	4.5%	-0.5%	▼	Green: <= 5% Yellow: <= 10% Red: >10%	
Infrastructure	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	100%	100%	100%	100%	100%	100%	100%	0%	▲	Green: >= 100% Yellow: >= 90% Red: < 90%
	Energy Use Intensity (EUI)	The amount of energy use as a function of building size in gigajoules (GJ) per square meter (m2)	Environmental Sustainability	Utility Bills	Laurie Harrison	Doug Shiozaki	1.95	2.02	1.89	0.41	0.80	1.29	1.91	0.99%	▼	Green: <= 1.89 Yellow: <= 2.08 Red: > 2.08
	Waste Diversion Rate (%)	Percent of waste diverted from landfill disposal.	Environmental Sustainability	Manual Collection (Facilities Planning)	Laurie Harrison	Doug Shiozaki	34%	36.6%	37.5%	34.1%	35.9%	34.9%	36.1%	-1.4%	▲	Green: >= 37.5 % Yellow: >= 33.8 % Red: < 33.8 %

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Health Systems	Boomerang Health Physician Patient Visits	Number of patients seen by physicians	Improve equitable and timely access	OSCAR (Electronic Medical Record)	Jeff Mainland	Lara Pietrolungo	3763	6657	7228	2126	4024	8160	13662	89%	▲	Green: >= 7228 Yellow: >= 6505 Red: < 6505
	Total Number of Connected Care Program Trainings	Number of connected care competency-based training modules completed by homecare and community-based clinicians via the SickKids' Connected Care Program	Advance a culture of service excellence	Connected Care Program Data	Judy Van Cleef TBD	Kate Langrish	N/A	257	320	141	211	306	439	37%	▲	Green: >= 320 Yellow: >= 288 Red: < 288
Innovation	CIHR Project Grants Success Rate (%)	Canadian Institutes of Health Research (CIHR) success rate for the project grants competition.	Facilitate and promote the generation of new ideas	Canadian Institutes of Health Research (CIHR)	Dr. Michael Salter	Susan Malench Ramune Pleinys	5%	10.1%	5%	(1.3%)	One Qtr Behind	10.4%	One Qtr Behind	5.4%	▲	Green: >= 5.0% Yellow: >= 3.0% Red: < 3.0%
	Number of License Agreements (Bi-Annual) (#)	Number of new IP licenses executed	Ensure innovations and new ideas are shared	Manual Collection	Dr. Michael Salter	Namrata Barai	37	39	38	Data Not Available	12	Data Not Available	38	0%	▲	Green: >= 38 Yellow: >= 35 Red: < 35
People	Rate of SickKids new employees* trained** in Caring Safety Error Prevention (%)	Percentage of new SickKids employees trained in Caring Safety 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	Advance a health and safe organization	LMS	Lennox Huang Jeff Mainland Pam Hubley	Rick Wray Bonnie Fleming-Carroll	90%	66%	80%	61%	59%	60%	One Qtr Behind	-20%	▲	Green: >= 80% Yellow: >= 70% Red: < 70%
	Lost Time Index (%)	Percentage of lost time claims compared to the total number of employee incidents reported.	Advance a healthy and safe organization	Safety Reporting System	Susan O'Dowd	Laura Alexander	6%	6.02%	6%	12%	9%	10%	8%	2%	▼	Green: <= 6% Yellow: <= 10% Red: > 10%
	Health and Safety Compliance (%)	The average of scores for manager responses to JDHSC recommendations within 21 days, manager responses to employee safety reports, and respirator fit testing compliance.	Advance a Healthy and Safe Organization	HR Report Centre Reports, AEMS Reports and Manual Collection (Occupational Health and Safety Services)	Susan O'Dowd	Laura Alexander	85%	74%	85%	77%	74%	78%	79%	-6%	▲	Green: >= 85% Yellow: >= 79% Red: < 79%
	Leadership Development training (%) (Bi-Annual)	Percent of Leaders completing Leadership Development program	Enhance Leadership Effectiveness	Manual Collection Organizational Development	Susan O'Dowd	Lyne Chamelot	previously not reported		80%	Data Not Available	82%	Data Not Available			▲	Green: >= 80% Yellow: >= 72% Red: < 72%
	Staff Wellness	Increase the number of hits to the "Staff Mental Health" wellness web page by 10%	Advance a healthy and safe organization	Website data	Susan O'Dowd	Laura Alexander	previously not reported		7032	1863	4143	6051	8112	15%	▲	Green: >= 7032 Yellow: >= 6680 Red: < 6680
	Peer Support utilization	Increase the number of individual outreaches to the Peer Support Program by 10%	Advance a healthy and safe organization	Peer Support statistics tracking spreadsheets	Susan O'Dowd	Laura Alexander	previously not reported		1561	481	871	1438	2995	92%	▲	Green: >= 1561 Yellow: >= 1483 Red: < 1483
	Workplace Violence Incidents Reported (Mandatory)	Mandatory indicator with standard definition from 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. The exercise of physical force by a person against a worker, in a workplace, that causes or could cause physical injury to the worker. An attempt to exercise physical force against a worker in a workplace, that could cause physical injury to the worker A statement or behavior 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	N/A	145	167	31	90	121	159	-5%	▲	Green: >= 167 Yellow: >= 147 Red: < 147
Finance	Surplus/Deficit in Operations (\$M)	Surplus of revenues over expenses from operations (excluding unrestricted and restricted investment income and building depreciation)	Achieve operational efficiencies	PeopleSoft (Finance)	Laurie Harrison	Lisa Martin/ Sandra Bradshaw	within \$0.1M of plan \$3.6M	\$4.5M	(\$16.5M)	(\$4.1M)	(\$8.8M)	(\$5.1M)	(\$14.6M)	-11.50%	+VE	Green: >= -16.5 Yellow: >= -16.6 Red: < -16.6
	Unrestricted Cash on Hand by 31st March 2020 (\$)	Cash and short-term investments that are unrestricted	Cash Management/Operational Efficiencies	SickKids Balance Sheet	Laurie Harrison	Brenda King	previously not reported		\$77M	Data Not Available			\$110.8M	43.90%	+VE	Green: >= \$77 Yellow: >= \$69.3 Red: < \$69.3
	International Patient Program (IPP) monthly revenue (\$)	Realizable revenue from international patients.	Generate new revenues	Qlikview Hospital Ops Finance	Jeff Mainland	Cindy Bruce-Barrett	previously not reported		\$10.8M	\$2.34M	\$5.0M	\$8.69M	\$9.37M	(\$1.43M)	▲	Green: >= \$10.80 Yellow: >= \$8.80 Red: < \$8.80