

LDMH – CORPORATE DASHBOARD – 2009-2010

Corporate Goal	Corporate Priority	INDICATORS	Year End 08/09 Result	Target	Initiatives	Q1 Results
QUALITY	Meet Emergency Department Wait Time Targets and reduce the number of patients who leave without being seen.	<ul style="list-style-type: none"> ○ ED ALOS – ○ TOTAL All ED Pts. ○ CTAS 1 ○ CTAS 2 ○ CTAS 3 ○ CTAS 4 ○ CTAS 5 ○ Admitted Patients <ul style="list-style-type: none"> • % LWBS • Patient Days (av/month) <ul style="list-style-type: none"> ○ Acute ○ CCC • Hospital Occupancy • % ALC days (Total) 	<ul style="list-style-type: none"> • 6.87 hrs • 3.75 hrs • 6.69 hrs • 6.21 hrs • 3.86 hrs • 2.87 hrs • 11.22 hrs <ul style="list-style-type: none"> • 8.3% • 16109 • 5948 • 83% • 7.8% 	<ul style="list-style-type: none"> • 6hrs • 8hrs • 5% • 4025 • 1480 • 90% • >10% 	<ul style="list-style-type: none"> • Patient Flow Projects – LEAN <ul style="list-style-type: none"> ○ Triage ○ Transfer of Care ○ Patient Transportation ○ Housekeeping Standardization • ER – development of Fast Track Program <ul style="list-style-type: none"> ○ NP’s ○ Physician Assistants • Utilization Management Program <ul style="list-style-type: none"> ○ Bed Management – implement first available bed policy ○ Right Patient Right Bed Project ○ CCAC – integrated planning and service delivery models. 	<ul style="list-style-type: none"> • 5.74 hrs • 3.11 hrs • 6.65 hrs • 5.53 hrs • 3.35 hrs • 2.53 hrs • 11.50 hrs • 6.8% • 4472 • 1567 • 91% • 21.8%

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QUALITY	Improve Patient Safety and staff knowledge and awareness of patient safety initiatives	<ul style="list-style-type: none"> • Med Errors / Report Rate • # of Near Misses Reported • Hand Hygiene Audit Results-Compliance • C-Diff • MRSA • VRE • SSI • CLI • HSMR • 2 patient identifier compliance with policy <ul style="list-style-type: none"> ○ Random Q1 Audit Results 	<ul style="list-style-type: none"> • 0 errors with harm • N/A • 38% • 0.16 • 0.16 • 0.48 • 0.86 • NA • 82 • N/A 	<ul style="list-style-type: none"> • 0 med errors with harm • 5 /q • 75% • 0 • 0 • 0 • >3% • 0 • >100 • 100% 	<ul style="list-style-type: none"> • Unit Dose Management Implementation <ul style="list-style-type: none"> ○ Integration with HDGH • Medication Reconciliation and Medication Safety Program • Implementation of Risk Monitor Pro Program <ul style="list-style-type: none"> ○ Redevelop / educate staff on incident management system • Hand Hygiene campaign • Implement 2 patient identifier program in service delivery areas <ul style="list-style-type: none"> ○ Laboratory ○ Diagnostic Imaging ○ Pharmacy 	<ul style="list-style-type: none"> • 3 • 4 • NA • 0 • 0 • 0 • 0 • 0 • 73 • NA

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FINANCE	Achieve balanced budget by April 1, 2010	<ul style="list-style-type: none"> • Total Margin • Current Ratio • Overtime Rate • Non MOH Revenue (Variance) 	<ul style="list-style-type: none"> • -3.69 • 3.02 • 6.07% • -6.84% 	<ul style="list-style-type: none"> • 0 • 0.8-2.0 • 2% • 0% 	<ul style="list-style-type: none"> • Implement Outlook 2020 strategies • Review Overtime Leading Practices <ul style="list-style-type: none"> ○ Overtime reduction strategy and plan • Review non-MOHLTC revenue streams and expense levels and ensure balanced approach. 	<ul style="list-style-type: none"> • (-3.79) • 1.69 • 2.61% • (-6.7%)
INFORMATION	Invest and develop information management strategies to enable regional integration	<ul style="list-style-type: none"> • E-Health Adoption Rate • Process indicators re: Project updates 	<ul style="list-style-type: none"> ▶ 70 • achieve milestone rate for projects 	<ul style="list-style-type: none"> • 70 • 100% achieve rate 	<ul style="list-style-type: none"> • RIS implementation – HDGH-LDMH • LDMH partnership with CHIS • Implement integrated information management approach to Bio-Medical and Fixed Assets • Evaluate HOBIC implementation and complete forms consolidation / standardization project. 	<ul style="list-style-type: none"> ▶ NA • Biomed – 50% • HOBIC / Forms – 20%
PARTNERSHIP	Implement the four key integration initiatives as outlined in Outlook 2020 plan. (REHAB, OB, ICU, BOT)	<ul style="list-style-type: none"> • Avoidable ICU days rate <ul style="list-style-type: none"> ○ ICU occupancy ○ Ventilator days • OB Volumes (per quarter) • CCC – ALOS • % ALC Days 	<ul style="list-style-type: none"> • 1.91% (5% ytd) • 66% • 4.1% • 82 • 26 days • 7.8% 	<ul style="list-style-type: none"> • 2% • 100% • 4% • 88 • 20 days • >10 % 	<ul style="list-style-type: none"> • ICU integration with HDGH • OB integration with WRH • Development of Rehab integration program with WRH 	<ul style="list-style-type: none"> • 9.81% • 95% • 9% • 69 • 37.5 • 21.8%

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PARTNERSHIP		<ul style="list-style-type: none"> • Colonoscopy Volumes <p>Milestones</p> <ul style="list-style-type: none"> • PROCure project • CHIS 	<ul style="list-style-type: none"> • 125/month • 1124 YTD • 20% 	<ul style="list-style-type: none"> • 100/month • 1200/yr • Achieve 100% milestones as per TPA 	<ul style="list-style-type: none"> • Optimize Wait Time funding (CCO, Gen Surg) • Back Office Transformation Projects: <ul style="list-style-type: none"> ○ Supply Chain ○ CHIS 	<ul style="list-style-type: none"> • 110 • 50% • 25%
PEOPLE	Embed corporate culture & values during and after restructuring process	<ul style="list-style-type: none"> • Patient Satisfaction <ul style="list-style-type: none"> ○ Overall Hospital • Staff Engagement Measure 	<ul style="list-style-type: none"> • 95.9% • 83.7% • NA 	<ul style="list-style-type: none"> • 96% • 88.2% • TBD 	<ul style="list-style-type: none"> • Ensure staff engagement plan / corporate engagement philosophy embedded in all change management processes. • Teamwork – development of inter and multidisciplinary care model through LEAN processes • Service values-Roll out Customer Service training as per Accessibility Plan <ul style="list-style-type: none"> ○ Customer Service training and expectations clarified for all staff 	<ul style="list-style-type: none"> • NA • NA • TBD
	Reduce absenteeism and sick time across the organization	<ul style="list-style-type: none"> • Sick Time Rate • NEER Index • Worker's Compensation Lost Time Rate <ul style="list-style-type: none"> ○ Frequency (lost time injuries / 100 workers) ○ Severity (# of lost time days) 	<ul style="list-style-type: none"> • 1.75% • 4 • 1.53 • 1.53 	<ul style="list-style-type: none"> • 1.2% • 2 • 1.8 • 22.12 	<ul style="list-style-type: none"> • Absenteeism Program <ul style="list-style-type: none"> ○ Return to work counseling and monitoring ○ Safety in the workplace program 	<ul style="list-style-type: none"> • 3.76% • 2.51 • 0 • 20.58