



Quality Dimension	AIM	Measure									Pay per Performance		
	Objective	Measure/Indicator	Freq	Q4 2015	Q1	Q2	Q3	Q4	Progress	Targets	100%	50%	0%
Access	Reduce wait times in the ED	High Acuity (CTAS 1-3) non-admits length of stay at 90th percentile	Q	5.9	6.0	6.2	6.3	6.4	↑	≤ 8.0 hrs			
		Low Acuity (CTAS 4-5) non-admits length of stay at 90th percentile	Q	3.3	3.4	3.7	3.3	3.2	↓	≤ 4.0 hrs			
		Time to Physician Initial Assessment at 90th percentile	Q	2.0	2.1	2.6	2.0	1.7	↓	≤ 3.0 hrs			
Effectiveness	Improve Organizational financial health	Total Margin	Q	1.4%	1.4%	4.2%	5.7%	1.0%	↓	≥ 0.5%	≥ 0.5%	0-0.49%	<0
	Improve Staff satisfaction	Staff Satisfaction - Overall Percentage Satisfied or very satisfied)	A	94%	N/A	N/A	N/A	N/A		≥ 85%			
Efficient	Improve Emergency Department Data Quality submissions to CIHI	Physician Initial Assessment-Time	Q	79%	78%	74%	75%	81%	↑	≥80%			
		Patient Left ED-Time	Q	88%	88%	89%	89%	90%	↑	≥90%			
Integrated	Reduce unnecessary hospital re-admissions	30 Day Readmission for select case mix groups (CMG's)	Q	12.5%	9.9%	11.7%	13.5%	15.1%	↑	≤ 14%			
		30 Day Readmission for medical patients	Q	15.5%	16.7%	16.4%	12%	11.5%	↓	≤ 14%			
	Reduce unnecessary time spent in acute care	ALC Days	Q	44%	32%	40%	29%	24%	↓	≤ 17%			
	Improve patient care transitions between Manitoulin Island Health Care Providers	Manitoulin Island Health Care Collaborative Partners Agree to Strategic Plan Exercise	A	N/A					→	100%			
Patient Centred	Improve Patient Satisfaction	Patient Survey-"How would you rate the care" (Excellent,very good & good)	A	99%	N/A	N/A	N/A	88%		≥ 92%			
	Improve the quality & coordination of care of CHF/COPD patients	CHF/COPD order sets on admission	Q	85%	85%	90%	89%	93%	↑	≥85%	≥85%	80-84%	<80%
	Reduce episodes of delirium in Seniors	CAM assessments on admission for patients ≥ 65 years of age	Q	81%	89%	87%	90%	90%	→	≥90%			
Safety	Reduce Hospital acquired infection rates	Hand Hygiene Compliance-Before Contact	Q	94%	92%	95%	94%	87%	↓	≥90%	≥85%	82-84%	<82%
		Hospital Acquired Multi Drug Resistant Organism (CDI, MRSA,VRE) rate per 1,000 patient days	Q	0	0.05	0	0	0	→	≤.01			
	Increase medication reconciliation rates for admitted patients	Medication Reconciliation @ Admission	Q	96%	96%	97%	95%	95%	→	≥95%	≥95%	90-94%	<90%
		Medication Reconciliation @ Discharge	Q	96%	96%	97%	93%	97%	↑	≥95%			
	Avoid Patient Harm	Harmful Incidents (moderate, major, death) per year	Q	N/A	0	0	0		→	≤1			

Metric equal or outperforming target  
 Metric at or within 10% of target  
 Metric underperforming target by more than 10%

Performance improving from previous quarter ↑  
 Performance staying the same from previous quarter →  
 Performance declining from previous quarter ↓

\*Please note: Past quarterly indicator results may change with subsequent data runs relating to late entry data.