

Manitoulin Health Centre Board of Directors Indicator Dashboard 2017-2018



Quality Dimension	AIM Objective	Measure/Indicator	Freq	Measure							Pay per Performance		
				Q4 16/17	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	6.4	7.1	7.3	7.8	7.8	→	≤ 8.0 hrs			
		Low Acuity (CTAS 4-5) non-admits length of stay at 90th percentile	Q	3.2	3.0	3.7	3.4	3.5	↓	≤ 4.0 hrs			
		Time to Physician Initial Assessment at 90th percentile	Q	1.7	1.6	2.2	1.9	1.9	→	≤ 3.0 hrs			
Effective	Improve Organizational financial health	Total Margin	Q	1.0%	2.3%	1.5%	4.8%	1.2%	↓	≥ 0.5%	≥ 0.5%	0-0.49%	<0
	Improve Staff satisfaction	Staff Satisfaction - Overall % Satisfied or very satisfied)	A	N/A	N/A	N/A	N/A	N/A		≥ 85%			
Efficient	Improve Emergency Department Data Quality submissions to CIHI	Physician Initial Assessment-Time	Q	81%	86%	81%	84%	84%	→	≥80%			
		Patient Left ED-Time	Q	90%	90%	88%	89%	89%	→	≥90%			
Integrated	Reduce hospital readmissions	30 Day Readmission for select case mix groups (CMG's)	Q	15.1%	13%	12.2%	21.7%	5.7%	↑	≤ 14%			
		30 Day Readmission for medical patients	Q	11.5%	9.3%	9.8%	12.2%	15.5%	↓	≤ 14%			
	Reduce time spent in acute care	ALC Days	Q	24%	25%	27%	37%	32%	↓	≤ 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%	N/A	N/A	N/A		100%			
Patient-Centred	Improve Patient Satisfaction	Patient Survey-"Would you recommend this ER/Hospital to friends and family" (Yes/No)	Q	N/A	98%	97%	97%	91.1%	↓	≥ 92%			
	Improve the quality & coordination of care of CHF/COPD patients	CHF/COPD order sets on admission	Q	93%	80%	88%	89%	87%	↓	≥85%	≥85%	80-84%	<80%
	Reduce episodes of delirium in Seniors	CAM assessments on admission for patients ≥ 65 years of age	Q	90%	92%	91%	93%	87%	↓	≥90%			
Safety	Reduce Hospital acquired infection rates	Hand Hygiene Compliance-Before Contact	Q	87%	91%	93%	93%	92%	→	≥90%	≥85%	82-84%	<82%
		Hospital Acquired Multi Drug Resistant Organism (CDI, MRSA,VRE) rate per 1,000 patient days	Q	0	0	0	0	0	→	≤.01			
	Increase medication reconciliation rates for admitted patients	Medication Reconciliation @ Admission	Q	95%	98%	98%	97%	95%	↓	≥95%	≥95%	90-94%	<90%
		Medication Reconciliation @ Discharge	Q	97%	98%	98%	97%	99%	↑	≥95%			
	Avoid Patient Harm	Harmful Incidents (moderate, major, death) per year	Q	0	0	0	0	1	↓	≤1			

Metric equal to 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.