



MHA Big Dot – Strategic Performance

The MHA Quality Board Committee has developed a ‘BIG DOT’ performance scorecard.

The BIG DOT provides a high level snap shot of the organizational performance in the core values and issues that are most vital to the organizations broader objectives. The core values identified are categorized under one of five specific MHA strategic goals related to patient access, quality, investing in our people, safety and fiscal responsibility.

The BIG DOT indicators are measured against achievement of the performance target of 85% or above, with each goal supported by several associated indicators. Each indicator, having its own performance target, is given a weighted value. The individual indicator targets are set through internal targets, best practices, clinical expert panels and Ministry of Health Long Term Care (MOHLTC). The weighted value is determined through consideration of the priorities established by the community and patient need, the population, South West Local Health Integration Network (SWLHIN) and MOHLTC.

The BIG DOT reflects the quality efforts, priorities and challenges both within and outside the organization and the MOHLTC. As is demonstrated below, the hospital works in collaboration with many partners and providers in the health care system.

A few examples are provided for demonstration purposes using one of the five MHA strategic goals:

‘Deliver timely access to patient care services’

The indicator of Cancer Surgery wait time is found within this goal. It is a measurement of the number of days a patient waits from the day the patient and physician decide to proceed with surgery to the surgical procedure date. This indicator has a target established both by the MOHLTC, Cancer Care Ontario and as negotiated with SWLHIN. The MHA has decided to include this indicator in its performance goal related to access to care and must meet the wait time target, established with SWLHIN, to demonstrate positive performance. In addition, the hospital has determined that relative to the wait times associated with elective CT scans or cataract surgery, cancer care wait times are of greater importance and therefore have a more heavily weighted contribution to the total outcome of the broader ‘Access’ goal.

A second indicator, Urgent Hip Fracture Repair within 48 hours of diagnostic x-ray, is also found within the goal of timely access to care. This indicator has an established target of 90% of urgent hip fracture cases completed within 48 hours, as established through clinical practice guidelines and best practice research through the Bone and Joint Health Network of Ontario. The achievement of this goal can be readily impacted by the medical condition of a patient to proceed to surgery, as well as, the accessibility to operating room services. Despite the potential challenges, the MHA works diligently within the MHA orthopedic program and with a regional shared strategy to provide repair on time, and reduce life threatening complications. This indicator has also been assigned greater importance than other elective procedures and is weighted accordingly.

Finally, length of stay, for instance, in an emergency department and acute care facility is readily impacted by external factors such as availability of inpatient beds, long term care homes, CCAC services, and palliative or rehabilitation beds.

The resulting value for each of the five strategic goals is a sum of the number of weight adjusted successful indicators from both sites. Traffic light colours are then used to indicate an achievement of the 85% target (green), 75-85% of target (yellow) or less than 75% (red).

In conclusion, the MHA continues to measure and report our performance, striving to achieve excellence and quality outcomes for the community we serve, in all we do.