

Strathroy Middlesex General Hospital Report on Performance Scorecard - Q2 FY 2019/20

Performance Indicators	Performance Indicator Alignment	Current Performance	Target	Status	Trend
Safety					
Medication Reconciliation on Admission	QIP	90%	90%	●	
Medication Reconciliation on Discharge	QIP	92%	90%	●	
Workplace Violence	QIP	19	38	●	
C Difficile	HSAA	0.25	0	●	
Effectiveness					
Organizational Financial Health - Total Margin	HSAA	-1.1%	1.3%	●	
Accessibility - Wait Times					
90th Percentile Wait Times - Time to Inpatient Bed	QIP	10.1	9.5 Hrs.	●	
Emergency Department Length of Stay - Non-Admitted High Acuity (CTAS I-III) Patients (90th Percentile Hours)	HSAA & QIP	5.7	5.3 Hrs.	●	
Emergency Department Length of Stay - Non-admitted low acuity (CTAS IV-V) Patients (90th Percentile Hours)	HSAA	4.2	3.7 Hrs.	●	
% of Priority 2,3 & 4 CT Scans Completed within target 28 days	HSAA	99%	98%	●	
% of Priority 2,3 & 4 Cancer Surgery Cases Completed within Target of 84 Days	HSAA	93%	90%	●	
% of Priority 2,3 & 4 Cataract Surgery Cases Completed within Target of 182 Days	HSAA	98%	90%	●	
% of Priority 2, 3 & 4 Hip TJR Cases Completed within Target of 182 Days	HSAA	12%	50%	●	
% of Priority 2, 3 & 4 Knee TJR Cases Completed within Target of 182 Days	HSAA	13%	50%	●	
Patient Experience					
Patient Satisfaction- Would you recommend this ED to your friends and family?	QIP	92.0%	80%	●	
Patient Satisfaction- Would you recommend this hospital (inpatient) to your friends and family?	QIP	100.0%	80%	●	
Effective Transitions					
Unplanned Readmission to own facility for selected HIG conditions	HSAA	10.9%	11.8%	●	
Unplanned Readmission to Own Facility within 30 days for COPD	QIP	22.7%	11.8%	●	
Unplanned Readmission to Own Facility within 30 days for CHF	QIP	22.2%	11.8%	●	
%of discharge summaries sent from hospital to community care provider within 48 hours of discharge. (fax+Spire)	QIP	40%	TBD	●	
Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital? (Inpatients)	QIP	60%	80%	●	
Unnecessary time in acute care - Rate of ALC Days	QIP	39%	17.6%	●	
Legend: Target SMGH ———					

Four Counties Health Services Report on Performance Scorecard - Q2 FY 2019/20

Performance Indicators	Performance Indicator Alignment	Current Performance	Target	Status	Trend
Safety					
Medication Reconciliation on Admission	QIP	77%	90%	●	
Medication Reconciliation on Discharge	QIP	62%	90%	●	
Workplace Violence	QIP	0	3	●	
C Difficile	HSAA	0	0.0	●	
Effectiveness					
Organizational Financial Health - Total Margin	HSAA	3.06	0.0	●	
Patient Experience					
Patient Satisfaction- Would you recommend this ED to your friends and family?	QIP	60%	80%	●	
Patient Satisfaction- Would you recommend this hospital (inpatient) to your friends and family?	QIP	LV	80%	N/A	LV no trend data available
Effective Transitions					
Adult day Program F2F(Oct -2017 switch from 3 days/week to 2days/week)	MSAA	281	338	●	
Adult Day Program registered occupancy	MSAA	89%	90%	●	
Unplanned Readmission to any hospital within 30 days COPD	Pt. Safety	NV	≤ 14.0%	●	
Unplanned Readmission to Own Facility within 30 days	Pt. Safety	NV	≤ 14.0%	●	
%of discharge summaries sent from hospital to community care provider within 48 hours of discharge.	Pt. Safety	30%	TBD	Target TBD	
Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital? (Inpatients)	QIP	LV	80%	N/A	LV no trend data available
Unnecessary time in acute care - Rate of ALC Days	QIP	44%	30%	●	
Legend:					
Target 					
FCHS _____					