



# ERIE ST. CLAIR CCAC BALANCED SCORE CARD

2014/2015 • 2016/2017



ESC CCAC BALANCED SCORECARD

VARIANCE INDICATOR:

Meet or Exceeds  Discuss/Review  Below Target

INDICATOR SOURCE:  
 M-SAA: Multi-sector Accountability Agreement  
 QIP: Quality Improvement Plan  
 ESC: CCAC Performance Indicator

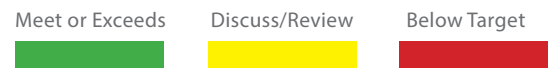


Domain	Indicator	Baseline Performance	Target Performance	Target Justification and Comment(s)	Performance Corridor	Q1 (2016-17)	Q2 (2016-17)	Q3 (2016-17)	Q4 (2016-17)
Quality Patient Care	<a href="#">Goals and Objectives for Engaging with community to learn from the patient experience and deliver patient &amp; family centred care [ESC]</a>	2015/16 100%	≥90% of goals and objectives on target for completion	Goals and objectives should be achievable within suggested timeframes.	<div style="display:flex; justify-content:space-between;"> <span>≥90%</span> <span>80-89%</span> <span>&lt;80%</span> </div>	90%	90%	100%	100%
	<a href="#">Goals and Objectives for Chronic Disease Management [ESC]</a>	2015/16 88%	≥90% of goals and objectives on target for completion	Goals and objectives should be achievable within suggested timeframes.	<div style="display:flex; justify-content:space-between;"> <span>≥90%</span> <span>80-89%</span> <span>&lt;80%</span> </div>	90%	90%	100%	100%
	<a href="#">Goals and Objectives for Partner of Choice in enhanced Care Coordination [ESC]</a>	2015/16 92%	≥90% of goals and objectives on target for completion	Goals and objectives should be achievable within suggested timeframes.	<div style="display:flex; justify-content:space-between;"> <span>≥90%</span> <span>80-89%</span> <span>&lt;80%</span> </div>	90%	90%	92%	100%
	<a href="#">Ratio of Admitted Patients to Discharged Patients [ESC]</a>	2015/16 1.015	1.0	Target set by CCAC as objective to support resource management.	<div style="display:flex; justify-content:space-between;"> <span>≥1.05</span> <span>1.01-1.05</span> <span>&gt;1.05</span> </div>	1.07	1.0	0.94	0.97
	<a href="#">Patient Satisfaction (Overall Experience rating on NRC Picker survey) [QIP]</a>	2015/16 94.25%	≥ 95.0%	Stretch target to achieve top performance in province.	<div style="display:flex; justify-content:space-between;"> <span>≥95%</span> <span>93.2-94.9%</span> <span>&lt;93.1%</span> </div>	93.5%	93.5%	Q3/Q4 data not available.	Q3/Q4 data not available.
	<a href="#">Patient Risk (Falls) [QIP] / [MSAA]</a>	2015/16 36.9%	≤30.5%	Target to meet or exceed high performer in Province.	<div style="display:flex; justify-content:space-between;"> <span>≥35.7%</span> <span>30.7-35.7%</span> <span>&gt;35.7%</span> </div>	38.3%	37.7%	37.2%	39.6%
	<a href="#">% of ALC days (closed cases) [MSAA]</a>	2013/14 16.4%	≤15.3%	LHIN MSAA indicator and target (not set).	<div style="display:flex; justify-content:space-between;"> <span>≥16.4%</span> <span>15.4%-16.3%</span> <span>&gt;16.4%</span> </div>	12.1%	13.1%	16.5%	Q4 Data not available
	<a href="#">% of palliative/end of life patients who died in their preferred place of death [QIP]</a>	Collecting baseline	Collecting baseline	First year of data collection in QIP.	Provincial average: 61.89%	70.50%	63.17%	70.92%	Q4 Data not available
	<a href="#">% of home care patients with unplanned, less urgent ED visit within first 30 days of discharge from hospital [QIP]</a>	2015/16 Q1 6.88%	≤3.83%	To be among top quartile among CCAC's.	<div style="display:flex; justify-content:space-between;"> <span>≥6.8%</span> <span>3.84-6.7%</span> <span>&gt;6.8%</span> </div>	6.2%	Estimated availability date is Q1.	Estimated availability date is Q1.	Estimated availability date is Q1.
	<a href="#">% home care patients who experienced an unplanned readmit to hospital within 30 days of discharge from hospital [QIP]</a>	2015/16 Q1 14.7%	≤14.5%	Remain as top performer in province.	<div style="display:flex; justify-content:space-between;"> <span>≥15.7%</span> <span>14.6-15.6%</span> <span>&gt;15.7%</span> </div>	15.5%	Estimated availability date is Q1.	Estimated availability date is Q1.	Estimated availability date is Q1.
<a href="#">% complex patients receiving their first Personal Support visit within 5 days [QIP] [MSAA]</a>	2015/16 90.7%	≥90.7%	Maintain provincial leadership.	<div style="display:flex; justify-content:space-between;"> <span>≥91.7%</span> <span>87.4-90.6%</span> <span>≤87.3%</span> </div>	93%	92.7%	91.1%	93.4%	
<a href="#">% patients receiving their first nursing visit within 5 days [QIP] [MSAA]</a>	2015/16 95.0%	≥95.8%	Achieve top performance in province.	<div style="display:flex; justify-content:space-between;"> <span>≥95.7%</span> <span>95.5-95.7%</span> <span>&lt;94.5%</span> </div>	95.4%	95.8%	96.1%	95.4%	

N/A means baseline performance not available.

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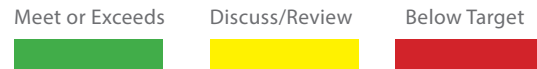
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Internal Business Processes	<a href="#">Goals and Objectives for Technology Enabler [ESC]</a>	2014/15 Q3-2014/15 Q4 92%	≥90% of annual goals and objectives on target for completion.	Goals and objectives should be achievable within suggested timeframes.	>90% 80-89% <80%	90%	90%	92%	100%
	<a href="#">% of primary care providers with attached Care Coordinator [Strategic Plan]</a>	N/A	100% of all FHTs/CHCs	Target is integration of Care Coordination in local FHTs/CHCs in current fiscal year.	100% 83-99% <66-82%	25%	25%	92%	N/A
	<a href="#">Total number of patients receiving nursing visits [Strategic Plan]</a>				Indicator under review				
	<a href="#">% of pts with high and very high MAPLe score [Strategic Plan]</a>	2015/16 43.6%	50%	Align to provincial average.	>50% 46-49.9% 40-45%	45.7%	46.27%	45.62%	45.64%
	<a href="#">% of pts with low and mild MAPLe score [Strategic Plan]</a>	2016/16 22.5%	8%	Align to provincial average.	8% 9-12% >13%	20.9%	19.9%	19.34%	18%
	<a href="#">% of acute clients utilizing nursing clinic [Strategic Plan]</a>	2015/16 40%	40%	Target to meet or exceed strongest past performance.	>40% 35-39% <35%	38.4%	39.42%	38.6%	41.26%
Financial Health	<a href="#">Goals and Objectives for Value for Home &amp; Community Care Enabler [ESC]</a>	2015/16 89%	≥90% of annual goals and objectives on target for completion	Goals and objectives should be achievable within suggested timeframes.	>90% 80-89% <80%	90%	90%	95%	100%
	<a href="#">Total margin [MSAA]</a>	2015/16 -0.58	≥0%	Positive total margin represents a balanced position.	>0% 0--1% <-1%	-3.75%	-0.34%	-0.58%	1.36%
	<a href="#">Proportion of budget spent on total administration [MSAA]</a>	2015/16 6.8%	≤8%	Target to remain below provincial average.	<8% 8-8.5% >8.5%	6.7%	7.2%	7.3%	7.2%
	<a href="#">Variance Forecast to actual expenditures [MSAA]</a>	2015/16 1.82%	0%	Target to maintain financial stability.	>1.1% - 2.5% ≥ -2.5% - -1.1% / ≥1.1% - 2.5% >-5% - -2.6% / 2.6% - 5%	-4.44%	0.71%	-0.41%	0.48%

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➔	<a href="#">Overall average monthly cost per patient with low and mild MAPLe scores [MSAA]</a>	2015/16 \$308	≤\$318	Remain below Provincial average.	<div style="background-color: green; width: 100%; height: 10px; margin-bottom: 2px;"></div> <div style="background-color: yellow; width: 100%; height: 10px; margin-bottom: 2px;"></div> <div style="background-color: red; width: 100%; height: 10px;"></div>	\$318.24	\$297.95	\$285.03	\$305.13
	<a href="#">Overall average monthly cost per patient with high and very high MAPLe score [Strategic Plan]</a>	2015/16 \$724	\$800	Target is to achieve provincial average.	<div style="background-color: green; width: 100%; height: 10px; margin-bottom: 2px;"></div> <div style="background-color: yellow; width: 100%; height: 10px; margin-bottom: 2px;"></div> <div style="background-color: red; width: 100%; height: 10px;"></div>	\$740.55	\$774.98	\$804.20	\$804.13
➔  Learning and Growth Work Life	<a href="#">Goals and Objectives for Employer of Choice Enabler [ESC]</a>	2015/16 82.5%	≥90% of goals and objectives on target for completion	Goals and objectives should be achievable within suggested timeframes.	<div style="background-color: green; width: 100%; height: 10px; margin-bottom: 2px;"></div> <div style="background-color: yellow; width: 100%; height: 10px; margin-bottom: 2px;"></div> <div style="background-color: red; width: 100%; height: 10px;"></div>	80%	80%	88%	100%
	<a href="#">Overtime stated as a percentage of total staffing budget [ESC]</a>	2015/16 0.91%	<1%	Target improvement over existing performance.	<div style="background-color: green; width: 100%; height: 10px; margin-bottom: 2px;"></div> <div style="background-color: yellow; width: 100%; height: 10px; margin-bottom: 2px;"></div> <div style="background-color: red; width: 100%; height: 10px;"></div>	0.89%	1.20%	0.75%	0.70%
	<a href="#">WSIB Loss Time Claims</a>	2015/16 4hrs	≤4hrs	Target is improvement over prior year performance, based on lost time in hours per 50,000 scheduled work hours.	<div style="background-color: green; width: 100%; height: 10px; margin-bottom: 2px;"></div> <div style="background-color: yellow; width: 100%; height: 10px; margin-bottom: 2px;"></div> <div style="background-color: red; width: 100%; height: 10px;"></div>	5.8 hrs	1.9 hrs	10.1 hrs	0.49 hrs
	<a href="#">Percentage of sick time of total scheduled work time [ESC]</a>	2015/16 7.6%	<5%	Target improvement over existing performance.	<div style="background-color: green; width: 100%; height: 10px; margin-bottom: 2px;"></div> <div style="background-color: yellow; width: 100%; height: 10px; margin-bottom: 2px;"></div> <div style="background-color: red; width: 100%; height: 10px;"></div>	8.22%	8.24%	8.78%	8.39%
	<a href="#">Percentage of actual expenditure over total budgeted education and development amount.</a>	N/A	100% budgeted amount allocated by year end.	Maintain sustainable spend rate over fiscal year.		24.5%	34%	46.5%	64%