

**Geraldton District Hospital  
Board of Directors Monthly Indicator Score Card  
2011/12**

Indicator	Target	Range	A	M	J	J	A	S	O	N	D	J	F	M	YTD
<b>Board</b>															
Attendance	> 70%		80%	70%	90%	-	-	89%	91%	91%	91%	100%	100%	91%	89%
Meeting Evaluation	> 7.5/10		8.6	-	8.4	-	-	-	8.4	-	8.6	-	8.9	8.4	8.6
Annual Performance	> 8.5/10		8.9	-	-	-	-	-	-	-	-	-	-	-	8.9
Education Events Attended	>18/year		5	2	-	-	1	5	3	3	-	-	-	-	19
Individual Member Assess. Completed	11/year													11	11
<b>Financial Health</b>															
*Current Ratio	> 2.0		5.1	4.9	5.0	5.6	5.5	5.6	5.5	5.5	5.1	4.8	4.6	4.5	4.6
*Total Margin	> 0.0		5.3	5.3	5.3	6.8	7.0	7.4	8.7	8.6	7.0	7.6	5.4	3.1	5.4
<b>Patient Access</b>															
*Total Weighted Cases/month	52	44-59	32.4	80.6	28.3	22.9	57.7	53.3	26.7	47.1	48.2	38.5	31.2	40.9	42.3
Acute Care Days/month	240	204-276	205	225	115	194	230	216	189	171	213	219	217	277	206
Alternate Level of Care days/month	120	102-138	133	115	99	93	101	106	150	96	118	85	88	105	107
Eldcap Days/month	573	562-578	570	589	570	589	585	570	578	569	589	589	551	564	576
CCC Days/month	210	180-213	195	206	210	214	212	206	216	210	217	217	203	207	209
Ambulatory Care Visits/month	75	64-85	57	65	82	55	71	45	38	24	60	76	22	95	58
Emerg Visits/month	875	743-990	841	809	787	1108	826	858	820	735	761	755	769	785	821
*Readmissions/month	1.7	1-2	3	1	2	2	2	2	2	1	2	2	2	1	2
Total Patient Days	1143	1048-1201	1103	1135	994	1090	1128	1098	1133	1046	1137	1110	1059	1153	1099
<b>Patient Safety</b>															
Med. Errors/1000 patient days - LTC	< 6.8		2.6	5.0	10.2	3.7	7.5	7.7	0.0	6.4	6.2	3.7	4.0	2.6	5.0
Med. Errors/1000 patient days - AC	< 8.5		3.0	2.9	28.0	13.9	12.1	9.6	11.8	14.9	21.1	3.3	9.8	0.0	10.9
Falls Incidents/1000 patient days - LTC	< 5.8		1.3	3.8	1.3	4.9	6.2	7.7	18.9	3.8	14.9	11.2	13.3	7.8	8
Falls Incidents/1000 patient days - AC	< 6.8		3.0	0	14.0	10.5	12.1	12.8	2.9	0.0	6.0	13.2	9.8	7.8	7.7
*C. Difficile cases/1000 patient days	0		0	0	0	0	0	0	0	0	0	0	0	0	0
*VRE cases/1000 patient days	0		0	0	0	0	0	0	0	0	0	0	0	0	0
*MRSA cases/1000 patient days	0		0	0	0	0	0	0	0.9	0	0	0	0	0	0.1
Hand Hygiene - Total Compliance	100%		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
CCC Stage 2 or Greater Skin Ulcers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0.1
<b>Organizational Health</b>															
*% Full-Time Nurses	> 70%		85%	73%	76%	63%	68%	68%	68%	63%	65%	62%	64%	71%	69%
Paid Sick Time Rate Days/month/FT	< .83		1.68	1.13	1.12	2.20	1.40	1.22	0.40	0.55	0.53	1.02	0.96	0.38	1.05
Paid Overtime Rate Hours/2000 wkd hrs	< 0.5		0.30	0.35	0.28	0.42	0.42	0.27	0.27	0.23	0.14	0.29	0.45	0.24	0.31
Employee WSIB Rate LTI/2000 wkd hrs	0		0.0	0.0	2.12	1.68	1.49	1.34	2.44	3.35	3.09	0.00	0.00	0.00	0.00
Staff Satisfaction	> 70%													71.0%	71%
Patient Satisfaction	> 75%		n/a	84%	84%	78%	82%	76%	76%	86%	92%	92%	90%	88%	84%

## **Board**

*Attendance:* minimum attendance is 70% as per policy

*Meeting Evaluation:* conducted 5 times per year

*Annual Performance:* conducted annually in the month of June

*Educational Events Attended:* minimum is one per Board member plus orientation for all new members

*Individual Member Assessment Completed:* each voting Board member (11) should complete one/year.

## **Financial Health**

*Current Ratio:* the target is determined by the MOHLTC. It is calculated by dividing the short-term liabilities into the short-term assets

*Total Margin:* the target is determined by the MOHLTC. It is calculated by subtracting the operating expenses from the revenues and dividing by the revenues

## **Patient Access**

*Total Weighted Cases:* Number of patient admissions to Acute Care Unit and acuity

*Total Acute Care Days:* Number of patient days in the Acute Care Unit

*Total ALC Days:* Number of ALC patient days in the Acute Care Unit

*Eldcap Days:* Number of patient days in John Owen Evans Residence

*CCCRUG Days:* Number of patient days in chronic care beds and acuity

*Ambulatory Care Visits:* Number of patient visits for specialty clinics, foot care and telemedicine visits

*ER Visits:* Number of patient visits to the Emergency Department

*Readmissions:* Number of patients readmitted with the same diagnosis

*Total Patient Days:* Total number of patient days for all units (Acute, Chronic and Eldcap)

## **Patient Safety**

*Medication Errors/1000 pt days LTC:* Number of errors per 1000 LTC patient days. This includes all errors included in the full process, even though patient health is rarely affected.

*Medication Errors/1000 pt days AC:* Number of errors per 1000 AC patient days. This includes all errors included in the full process, even though patient health is rarely affected.

*Falls Incidents/1000 patient days LTC:* Number of incidents per 1000 LTC patient days.

*Falls Incidents/1000 patient days AC:* Number of incidents per 1000 AC patient days.

*C. Dif. Cases/1000 patient days:* Number of cases per 1000 patient days.

*VRE Cases/1000 patient days:* Number of cases per 1000 patient days.

*MRSA Cases/1000 patient days:* Number of cases per 1000 patient days.

*Stage 2 Skin Ulcers:* Number of chronic patients with new skin ulcers

*Hand Hygiene - total compliance* Number of compliant cases

## **Organizational Health**

*% of Full-Time Nurses:* The target is determined by the MOHLTC

*Paid Sick Time Rate Days/Month/FT:* The target is based on the provincial average

*Paid Overtime Rate Hours/2000 wkd hrs:* The target is based on the previous years OT Rate

*Employee WSIB Rate LTI/2000 wkd hrs:* The target of zero is determined by WSIB (calendar year)

*Staff Satisfaction:* Grand average, conducted by an external consultant every year (effective 2011). 2011 result was 71%

*Patient Satisfaction:* New feedback cards implemented in May 2011