

**Geraldton District Hospital  
Board of Directors  
Monthly Indicator Score Card  
2008/09**

Indicator	Goal/Target	A	M	J	J	A	S	O	N	D	J	F	M	Final
<b>Board</b>														
Attendance	>70%	70%	90%	92%	-	-	83%	67%	67%	100%	92%	83%	83%	83%
Meeting Evaluation	>7.5/10	7.7	-	-	-	-	7.7	-	8.5	-	8.0	-	8.0	8.0
Annual Performance	>8.5/10	-	-	8.6	-	-	-	-	-	-	-	-	-	8.6
Education Events Attended	>14/year	6	2	0	2	1	2	8	4	0	0	0	2	27
<b>Financial Health</b>														
*Current Ratio	>1.0	-	-	5.8	-	-	6.2	-	-	6.2	-	-	5	
*Total Margin	>0.0	-	-	4.6	-	-	7.3	-	-	7.5	-	-	8.8	
<b>Patient Access</b>														
*Total Weighted Cases	574	-	-	128.6	-	-	117.2	-	-	137.5	-	-		
*Eldcap Days	6867	-	-	1729	-	-	1748	-	-	1737	-	-	1698	6912
*CCCRUG Days	1825	-	-	586	-	-	575	-	-	535	-	-	598	2294
*Amb. Care Visits	0	-	-	0	-	-	0	-	-	0	-	-	0	118
*Emerg Visits	11561	-	-	2742	-	-	2892	-	-	2598	-	-	2481	10713
*Readmissions	20.20	-	-	6	-	-	8	-	-	5	-	-		
*% Chronic Patients with new Stage 2 or Greater Skin Ulcers	0	-	-	0	-	-	0	-	-	-	-	-	-	-
Total Patient Days	13600	1139	1215	1196	1148	1153	1138	1224	1110	1149	1141	1048	1098	13759
<b>Patient Safety</b>														
Medication Errors/1000 patient days	<5.6	5.3	11.5	3.3	6.1	3.5	4.4	4.1	5.4	5.2	3.5	1.9	2.7	4.7
Falls Incidents/1000 patient days	<5.6	4.4	5.8	3.3	5.2	2.6	2.6	2.5	3.6	6.9	3.5	2.9	6.3	4.1
*C. Difficile cases/1000 patient days	0	0	0	0	0	0	0	0	0	0	0	0	0.9	0.1
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	0	0	0	0	0	0
<b>Organizational Health</b>														
*% Full-Time Nurses	>70%	-	-	94.7	-	-	88.4	-	-	85.2	-	-	84.8	84.8
Paid Sick Time Rate Days/Year/FT	<10	13.4	18.1	8.8	5.0	4.9	6.0	8.8	19.0	12.4	9.2	7.0	8.4	10.1
Paid Overtime Rate Hours/2000 wkd hrs	<0.5	0.51	0.58	0.50	0.38	0.45	0.31	0.58	0.5	0.51	0.41	0.42	0.34	0.46
Employee WSIB Rate LTI/2000 wkd hrs	0	5.6	4.3	3.4	2.8	2.4	2.2	2.0	1.8	3.2	0	0	0	3.2
Staff Satisfaction - Response Rate	>60%												50.0	50.0

\*Mandatory Quarterly MOHLTC Reporting

## **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

## **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

## **Patient Access**

*Total Weighted Cases:*

*Eldcap Days:*

*CCCRUG Days:*

*Ambulatory Care Visits:*

*ER Visits:*

*Readmissions:*

*Stage 2 Skin Ulcers:*

*Total Patient Days:*

The targets in this section are based on previous years volume levels

## **Patient Safety**

*Medication Errors/1000 patient days:*

*Falls Incidents/1000 patient days:*

*C. Dif. Cases/1000 patient days:*

*VRE Cases/1000 patient days:*

*MRSA Cases/1000 patient days:*

The targets in this section are based on previous years safety levels

## **Organizational Health**

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

*Paid Sick Time Rate Days/Year/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

*Staff Satisfaction:* response rate as a percentage of total staff