

## Somerset West Community Health Centre Balanced Scorecard First Quarter, 2011-2012 -DRAFT

Perspective	Strategic Goal	Dimension of Quality	Indicator	2011-2012 Performance Standard (LHIN)	SWCHC Target	Current	Comment/Areas for Improvement
* Funders  Targets Established by the Local Health Integrated Network	Healthy Public Policy	Appropriately Resourced	Balanced Budget	0	0	-4%	SLT is addressing allocation of the surplus.
	Healthy Public Policy	Appropriately Resourced	Proportion of Budget Spent on Administration	<22%	18%	19.6%	SLT will be reviewing on a regular basis.
		Appropriately Resourced	Variance Forecast to Actual	1.29%	<5%	1.29%	
	Improve Prevention & Management of Chronic Disease	Effective	Portion of CHC clients with Type 2 diabetes receiving Interdisciplinary Care *	68%-100%	85%	77.98%	Initial targets too ambitious. No action required at this time.
	Improve Prevention & Management of Chronic Disease	Effective	Proportion of CHC clients who received a fecal occult blood test *	44-66%	55%	52.4%	
	Improve Prevention & Management of Chronic Disease PMCD	Effective	Percent female clients aged 18 to 69 who have had a pap test within the last three years *	>40%	50%	46.27%	
	Improve Access to Quality Primary Care	Access	Number of Active Clients	13,300 -14,700	14,000	14,221	Review of data quality Issues underway.
	Improve Access to Quality Primary Care	Access	Individual Encounters by Telephone	5510-6090	5,800	1,669 YTD	
	Improve Access to Quality Primary Care	Access	Individual Encounters Face to Face	49875-55125	52,500	12,173 YTD	

**Green** = We have met the target and the performance standard – no action required at this time

**Yellow** = We have met the performance standard but not the target – determination of whether action is required or not to be made by SLT

**GREY** = We have not met the performance standard – immediate action required

Perspective	Strategic Goal	Dimension of Quality	Indicator	2011-2012 Performance Standard (LHIN)	SWCHC Target	Current	Comment/Areas for Improvement
	Health Promotion & Community Development	Efficient	Consultations between providers – Client present	1890-2310	2,100	400	Training required to providers Training required to providers
	Improve Access to Quality Primary Care	Efficient	Consultations between providers – Client not present	510-690	600	120	
Human Resources	ALL	Efficient	Turnover Rate	N/A	< or = to 6%	1.1%	
	ALL	Efficient	Absenteeism (Average sick days per full time employee per year)	N/A	< or = to 5-6 days	1.081.	

Clients N = 166	Improve Prevention & Management of Chronic Disease	Effective	% of clients who have seen more than two provider type in the past year	N/A	N/A	17%	. Targets need to be set
	Improve Prevention & Management of Chronic Disease	All	% of at risk clients who received spirometry	N/A	N/A	20%	Targets need to be set
	Improve Prevention & Management of Chronic Disease	All	% of primary care clients with diabetes participating in diabetes clinic	N/A	25%	11.2%	
	Health Promotion & Community Development	Patient-Centered n=166	Percentage of clients who said that staff always or usually got things explained in a way they could understand.	N/A	96%	9611	
	Improve Access to Quality Primary Care	Patient-Centered	Percentage of clients that felt SWCHC usually or always made a positive difference in the client or child's health.		78%	93%	
	ALL	Patient-Centered	Percentage of clients that rated the quality of care as excellent or good.	N/A	98%	98%	

	<b>ALL</b>	Patient-Centered	Percentage of clients that were always treated with courtesy and respect.	N/A	82%	84%	
	<b>A Improve Access to Quality Primary Care</b>	Accessible	Average wait-time for 3 <sup>rd</sup> next available physician appointment.	N/A	N/A	14 days	Remains too high Reduce from last quarter/ year because of more physician time available (unsustainable).
Community	<b>Access Improve Access to Quality Primary Care</b>	Accessible	The number of dollars from fundraised by fundraising events	N/A	12,000	832	Fundraising activities have not occurred as yet.
	<b>Health Promotion &amp; Community Development</b>		# of clients with ambulatory sensitive conditions who visited walk-in clinic			341	N/A
	<b>Healthy Public Policy</b>		# of clients served by SIP program (all partners)			1502	N/A
			# of Hintonbourg clients on waitlist			112	N/A
			# of active clients under 18 living in poverty			502	N/A
	# of active clients who are unstably housed			1564	N/A		

N/A = Not applicable these indicators are internal to SWCHC

*Domain	Indicator	Definition
<b>Are we fulfilling the obligations to our funders?</b>	Balanced Budget	Amount by which revenue from LHIN exceed or fell short of expenses.
	Portion of Budget Spent on Administration	Administrative service expenses as a percentage of total operating expenses. Definition as per MIS
<b>Funders</b>	Portion of CHC clients with Type 2 diabetes receiving Interdisciplinary Care	Percentage of registered clients with type 2 diabetes receiving interdisciplinary care.
	Proportion of CHC clients who received a fecal occult blood test	Percentage of registered clients aged 50 to 74 who have seen a NP or Physician and have had a fecal occult the last 2 years.
	Percent female clients aged 18 to 69 who have had a pap test within the	Percentage of eligible female clients between 18-69 who have seen a physician or Nurse Practitioner who had a pap test in the last three years either at the CHC or outside the CHC.

October 19, 2011

*Domain	Indicator	Definition
	last three years	
	Number of Active Clients	Total number of clients who are registered with the CHC and have been seen and had an encounter in the p Calculation: # of individual clients who have had at least one visit with CHC providers within 3 years prior to end date Includes: All clients registered to the primary care team, allied health professionals and personal developme
	Individual Encounters by Telephone	Total number of individual encounters with an individual, family or couple recorded as 'type' and phone call
	Individual Encounters Face to Face	Includes: Includes individual encounters for all CHC providers (i.e. physicians, dietitian, nurse practitioners, e
	Consultations between providers – Client present	A consultation is a discussion, about a client, (client may or may not be present), between <u>two</u> providers (eig with internal or internal with external) when the discussion and/or decision are significant enough to be par
	Consultations between providers – Client not present	record.
<b>Human Resources</b>	Turnover	The number of full and part time permanent staff who terminated or ceased employment, expressed as a ra permanent and part time employees.
	Absenteeism	Average Days lost due to illness or disability excluding maternity leave.
	% of clients who have seen more than two provider type in	$\frac{(\text{Total number of clients who saw more than 2 provider types in quarter})}{(\text{Total number of clients seen in quarter})} \times 100$ Provider types include MD, RN, NP, RPN, Chiropracist, Dietitian, Health Promoter, Community Developer, Co Outreach Worker, Psychologist, Social Worker, Respiriologist, Practical Assistance Worker
<b>Clients</b>	Client Experience	# of clients who said that staff always or usually got things explained in a way they could understand/ total # respondents expressed as a percentage
	Client Experience	# of clients that strongly agree that SWCHC has provided me with the services I need./ total # of responden a percentage
	Client Experience	# of clients that rated overall quality of care as excellent/total # of respondents expressed as a percentage
	Client Experience	# of clients who suggested they were always treated with courtesy and respect /total # of respondents exp percentage
	% of at risk clients who received a spirometry test	$\frac{(\text{\# of SWCHC clients who received spirometry test before end of reporting period})}{(\text{\# of individuals who visrisk factors before end of reporting period})}$  Risk factor: Phlegmasia Alba Dolens, Shortness of Breath (Gestational), Smoke Inhalation, Wheezy Bronchitis Cough-Like Syndrome, Whooping Cough, Fear/Concern about Asthma, Wheezes (Auscultation), Coughing BL Sputum / Phlegm, Whooping-like Cough, Croupy Cough, Barking Cough, Spasmodic Cough, Productive Cough

*Domain	Indicator	Definition
		Smoker's Cough, Cough, Shortness of Breath, Hiccough, Wheezing (Symptom), Abuse of Cough or Cold Remedy
	% of clients with diabetes participating in chronic disease clinic	(# of clients with diabetes who were members of diabetes panel before end of reporting period) / (# of active clients diagnosed with diabetes before end of reporting period)
	Average wait-time for 3 <sup>rd</sup> next available physician appointment.	For each physician, time to third next available appointment is calculated (in days) for each Monday during reporting period. Only "REG A" (regular) appointments are included. This indicator is the average of each physician's 3 <sup>rd</sup> Monday in the reporting period.
<b>Community</b>	Wait times for Access to an Ongoing Primary Health Care Provider	The average number of days a community member has to wait to until they are assigned a primary health care provider at SWCHC. Measured from the date they complete the application to date they are sent the letter.
	The number of dollars mobilized by community action.	The number of dollars including amounts and percentages from: Private Sources (including foundations and individual contributors) Excludes grants, one time project funding
	# of clients with ambulatory sensitive conditions who visited walk-in clinic	# of unique clients who visited walk-in clinic during reporting period AND have a history of ambulatory sensitive conditions during or prior to reporting period.
	# of clients served by SIP program (all partners)	# of unique client IDs in the SIP Database * 1.15 (rule of thumb: since some locations do not use client IDs, in order to get actual number of clients served by program)
	# of Hintonbourg clients on waitlist	
	# of active clients under 18 living in poverty	# of active clients who are under 18 years of age, and whose reported household income is less than \$20,000
	# of active clients who are unstably housed	# of active clients who either: spoke to a provider about risk of homeless, or, are enrolled as homeless, or, whose information confirms they are homeless.