

Somerset West Community Health Centre Performance Reporting through the Balanced Scorecard Second Quarter, 2013-2014 BRF-BOR-13-17

Perspective	Strategic Goal	Dimension of Quality	Indicator	2013-2014 Performance Standard	SWCHC Target	Q2 2012-2013	Q2 2013-2014	Comment/Areas for Improvement
Funders Targets Established by the Local Health Integrated Network through the Multi-Sector Accountability Agreement Data Source: EMR	Healthy Public Policy	Appropriately Resourced	Balanced Budget	0	0	.71%		In process
		Appropriately Resourced	Proportion of Budget Spent on Administration	<31%	25.5%	20.7%		
		Appropriately Resourced	Variance Forecast to Actual	<5%	0%	2.2%		
	Improve Prevention & Management of Chronic Disease	Effective	Proportion of CHC clients with Type 2 diabetes receiving Interdisciplinary care *	72-100%	90%	91%	88%	At the end of September we held training for all our providers as a refresh on using the NOD product.
		Effective	Proportion of CHC clients who received a fecal occult blood test *	48-72%	60%	55%	59%	
		Effective	Percent female clients aged 20 to 69 who have had a pap test within the last three years *	>56%	70%	69%	66%	As part of our flu clinic, we will be checking whether our clients have received a FOBT, if not they will be provided one at that time.
		Effective	Proportion of CHC clients who received a mammogram in the last 2 years	44-66%	55%	52%	51%	
		Effective	Proportion of CHC clients who received a complete physical examination in the last 2 years	44-66%	55%	49%	45%	
	Health Promotion & Community Development	Effective	Proportion of CHC clients who received a flu shot in the last year	14.4%-21.6%	18%	19%	N/A	Transition to the new Electronic Medical Record has resulted in a reduction in through put. The next quarter will be a provide a better gauge of whether we are meeting our targets.
	Improve Access to Quality Primary Care	Access	Number of Active Clients (Year to Date)	13,300 -14,700	14,000	14,515	12,957	
		Access	Individual Encounters by Telephone (Year to Date)	5510-6090	5,800	3357	2022	
		Access	Individual Encounters Face to Face(Year to Date)	49875-55125	52,500	27,975	34,044	
		Access	Vacancy Rate for NP's and MDs	0	0	0	0	

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

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	Health Promotion & Community Development	Efficient	Consultations between providers – Client present	1890-2310	2,100	1424	739	Many providers were encountering telephone calls as individual face to face encounters – training has addressed. ALC Days and Emergency Department Visits under development through the Association of Ontario Community Health Centres.
			Percentage Alternative Level of Care days (days hospital beds are occupied that do not need to be)	<14.4%	13.1%	TBD	TBD	
	Improve Access to Quality Primary Care	Efficient	Consultations between providers – Client not present	510-690	600	498	248	
Human Resources Indicators established by SWCHC , several in response to our accreditation Data generated through HR and EMR	ALL	Efficient	Absenteeism (Average sick days per full time employee per year)	N/A	< or = to 5-6 days per year	1.44 days per employee	Under one day per employee	
		Efficient	Turnover (April to Feb. 2012)	N/A	?	5.31%	2.1%	
		Appropriately Resourced	% of employees eligible for employee reviews have not had a performance review completed in 2 years or more	N/A	0%	20%	18%	
	Improve Prevention & Management of Chronic Disease	Effective	% of clients who have seen more than two provider type in the past year	N/A	17.5%	18%	11.03 % clients seen by more than 2 providers types THIS QUARTER ONLY	
Clients		All	% of primary care clients with diabetes participating in diabetes clinic	N/A	25%	20%	12.63%	

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Indicators established by SWCHC Data generated through EMR	Improve Access to Quality Primary Care Improve Access to Quality Primary Care	Accessible	Average wait-time for 3 rd next available physician appointment.	48 hours	100%	12	25.6	Note Q2 number is the average number of days from booking to actual appointment for 20 minute app. Not average time to 3 rd next appointment There maybe clients who have requested an appointment in several weeks. .
Community Indicators established by SWCHC Data collected through wait list data base.		Accessible	Average wait time (In days) to be assigned an MD or NP.	N/A	270 days	411	231	Wait list are now managed, if list is too long people are not placed on the list. Strategy to manage expectations.
Quality Improvement Plan Mandatory Indicators established by the Health Quality Ontario. Other established by SWCHC. Data collected through Client Experience. Update on the Learning Intervention through HP&CD.	Access to Primary Care	Access	Percent of patient/clients when they are sick able to see a doctor or NP on the same or next day (Mandatory)	N/A	None	N/A	37%	Anyone is able to visit our walk-in on the same day. Project needs to be structured to gather information
	Access to Primary Care	Access	Percentage of no show to both initial and follow up counseling.	N/A	49% intake 24% counseling	59% intake 34% counseling	45% intake 20% (estimate counseling)	Training to providers on how to encounter will improve data quality. QI strategy seems to be working!
	Access to Primary Care	Access	Percentage of no shows to primary health care clients.		NP 4% MD 11%	7% NPs 15% MDs	Data not available	Glitch in data extraction. Will be available for the next scorecard.
	t	Integrated (Mandatory)	% of seniors who see their primary health care provider within 7 days from hospital for selected conditions.		Establish baseline			No data available at this time. At this time we do not have systematic process for getting hospital discharge data. An issue for the Regional Decision Support

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			(Mandatory)					Specialist.
	Health Promotion & Community Development	Integrated	Percent of children and families that have a smooth transition to school from our Early Years program.		Development of a protocol to share information about students as they transition from Early Years to regular school.			Work begun at SWCHC is now being undertaken by a city – wide committee.
	Access to Primary Care	Integrated	Emergency Department Adjusted Utilization Rate (Mandatory)					ALC Days and Emergency Department Visits under development through the Association of Ontario Community Health Centres.
	Access to Primary Care	Patient Centered	How often are you involved to the extent you want to be in your decisions? (Mandatory)	N/A	80%	74%	93%	
	Access to Primary Care	Patient Centered	When you see your doctor or nurse practitioner how often do they or someone else in the office encourage you to ask questions? (Mandatory)	N/A	94%	92%	92%	
	Access to Primary Care	Patient Centered	When you see your doctor or nurse practitioner do they or someone else in the office spend enough time with you? (Mandatory)	N/A	94%	92%	92%	
	City of Ottawa Indicators selected by CHCs to monitor City funded programs. Data generated through Client Experience Survey.	Health Promotion and Community Development	Patient Centered	Because of my contact with SWCHC I feel more connected to my community.	N/A	N/A	N/A	87%
	Health Promotion and Community Development	Patient Centered	I learned more about resources in the community because of my contact with SWCHC	N/A	N/A	N/A	75%	

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