

A Balanced Scorecard for Lakeridge Health

CQI Network
Open House Series 2002/03
Scorecards, Dashboards & Corporate Information

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Agenda

- Lakeridge Health – An Overview
- Development of our Balanced Scorecard
- Components of the Lakeridge Health Balanced Scorecard
- Implementation & Use of our Balanced Scorecard
- Challenges
- Questions

Lakeridge Health – An Overview



- Formed in 1998
- Multisite organization in Durham Region
- Urban and rural sites
- Sites
 - Inpatient sites – 5
 - Bowmanville, Oshawa, Port Perry, Uxbridge, Whitby
 - Stand alone ambulatory sites – 21
 - Does not include Ajax-Pickering which is part Rouge Valley Health System
- 644 beds – Med, Surg, CCC, Rehab, Obs, Paeds, Mental Health

Development of our Balanced Scorecard



- Began development in April 2000
- Goal: to inform the Board and staff of Lakeridge on our progress in achieving our strategic directions through a set of indicators
- Needed to be integrated with the AIM Quality Framework
- Review of the literature
- Decided to use the process for creating a balanced scorecard that was described by Ross Baker, Lina Johnson & George Pink (1998)

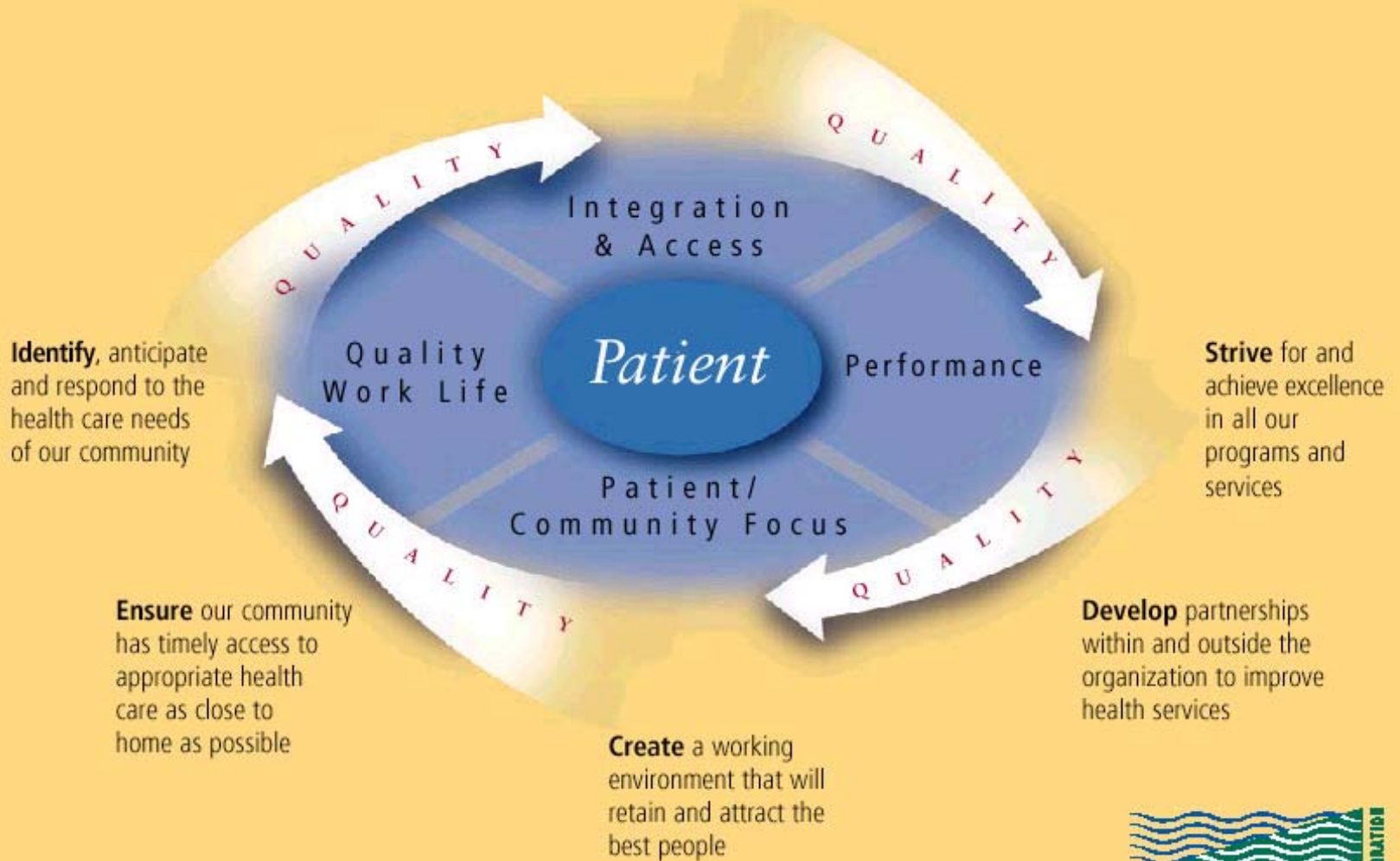
Steps in the Process of Developing a Balanced Scorecard

(Baker, Johnson, Pink 1998)



1. Define the organization's strategic goals
2. Define the users, purpose and framework
3. Select a preliminary set of indicators
4. Establish definitions and guidelines for interpretation
5. Design the visual display for the scorecard
6. Obtain the data
7. Produce and analyze the indicator data
8. Dissemination of the scorecard
9. Evaluate the usefulness of the scorecard

Lakeridge Health Balanced Scorecard



Link to Accreditation



LHC Balanced Scorecard

Integration & Access

Do our partnerships & alliances promote and enhance the continuum of care?

Are we identifying, anticipating and responding to the healthcare needs of our community in a timely, appropriate manner as close to home as possible

Performance

Do we strive for & achieve excellence in all of our programs and services?

Patient/Community Focus

Are we patient focused?

Are we making a difference to the health & well-being of our patients and community?

Quality of Work Life

Does our environment retain & attract the best people

CCHSA AIM Quality Dimensions

Responsiveness

The organization anticipates and responds to changes in the needs and expectations of the client and or community populations and to changes in the environment

System Competency

The organization consistently provides service(s) in the best possible way, given the current and evolving state of knowledge. The organization achieves the desired benefit for clients and/or communities, with the most cost-effective use of resources

Client/Community Focus

The organization strengthens its relationship with the client and/or community. The organization does this by encouraging community participation and partnership in its activities.

Work Life

The organization provides a work atmosphere conducive to performance excellence, full participation, personal/professional growth, health, well-being, and satisfaction

Lakeridge Health Quarterly Quality Report - Example



Lakeridge Health Quality Report Indicators November 2001

Integration and Access Indicators	Current Status	Performance	Current Status
Percentage of time on critical care bypass (CCB)	LHC: TEEN Average	Average cost/weighted case	Gap between actual and expected Increased from previous estimate
Per Percentage of time on redirect consideration (RDC)	LHC TEEN Average:	Total margin	LHC – Year to Date - Benchmark Revised -
		Working Capital	Negative ratio
		Variance to Expense Budget – New Indicator	Current variance
Alternate level of care – percentage of total patient days	LHC Average 2000/01 First Quarter	Administration & Support Services as a Percentage of Operating Expenses	LHC – Year to Date Benchmark -
		Corporate Support Service as a Percentage of Operating Expenses	LHC – Year to Date Benchmark Revised -
Percentage of case paths that extend to the community	Increase in number of case paths	Acute Conservable Bed Equivalents	First quarter 2001/02 - 2000/01
		Average Resource Intensity Weight	All sites are at or exceed the benchmark for their peer group
		Percentage of unplanned readmissions to the same hospital with the same or related diagnosis within 7 days	All sites experienced a reduction in readmissions for the first quarter compared to 2000/01
Percentage of day surgery cases	Three of four sites exceed benchmark	Percentage of cases classified as MNRH	Increase in cases classified MNRH Benchmark not available
Patient/Community Focus	Current Status	Quality of Work Life	Current Status
Number of complaints and compliments by category	Three top categories of complaints and compliments: Attitude; care and competency; and, communication.	Employee Absenteeism Rate	Absenteeism rates greater than OHA benchmark
		Grievance Rates	LHC- Benchmark -
Complaints Resolved VS Unresolved	More complaints resolved than unresolved	Turnover Rate	LHC – Benchmark
		Employee Assistance Program Utilization Rate	LHC – Benchmark –
Average Complaint Resolution Time	Overall improvement in complaint resolution time	Vacancy Rate	Range: Benchmark: Not available
		New Employee Wastage Rate – New Indicator	LHC – Benchmark: Not available
		Medical Trainee Rate – New Indicator	LHC -

Implementation & Use of the Lakeridge Health Balanced Scorecard



- Known as our Quarterly Quality Report
- First report November 2000 – working on our 9th report
- Number of indicators has varied from 24 – 33
- Ongoing Review of Indicators
- For each indicator we report:
 - Definition
 - Current Status
 - Table and/or Graph
 - Corporate & Site results
 - Benchmarks where available

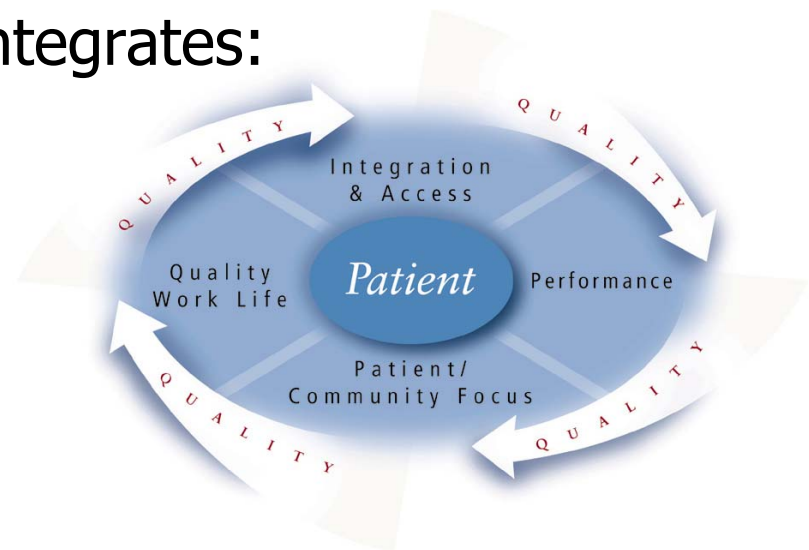
- Initiatives for each Quadrant are updated/identified each quarter
- Present quarterly to the senior management team, board subcommittee known as the Planning, Performance and Priorities Committee, the Board, QURMC
- Copies of the report sent to MAC, site quality/risk management committees, union leadership, Program Leaders
- Expectation is that results are shared with staff throughout the organization
- Programs are beginning to want to have initiatives documented and highlighted in the report

- Has lead to improvement initiatives being put into place
 - Example
 - Coding of readmissions
 - Readmission rate review
- Enhanced understanding of indicators eg RIW's
 - Corporate versus site based data
- Initial and Ongoing Education of Board, staff and physicians
- Accreditation April 2003 – Help staff to understand linkage between Balanced Scorecard, Strategic Directions and Accreditation

Helping Staff to Understand the Linkages

Development of our poster that integrates:

- LHC Balanced Scorecard
- Strategic Directions
- Strategic Priorities
- Corporate Goals & Objectives
- Program Goals & Objectives
- AIM Quality Dimensions & Descriptors
- Indicators



Challenges

- Consistently applying definitions to indicator calculation
- Using “stop light” colours to identify indicator trend
- Level of analysis – annual, quarterly, monthly, site, corporate
- Manual process
 - Getting the information
 - Compiling the information
 - Printing the report
 - Goal is for it to be on the Corporate Intranet
- Are these the “right” indicators?
 - Balance
 - Usefulness - evaluation

The Future

- Continue to review and revise indicators
- Clearer link between initiatives and indicators
- Automate data collection
- Refine “Stop Light” definitions
- Development of site and program balanced scorecards
- Include on Corporate Intranet

Questions ??



Thank You

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