

Strategic Direction	Strategic Priority - Vision / Goal	Organizational Scorecard - Measure of Success (Lag Measure)	Baseline 2019-20 Q4)	FY2021 Target Goal	FY2021 YTD Performance
Team	Valuing each other	% turnover (all staff)	13%	9.5	
		# Workplace Violence/harassment incidents	12	0	7
		# primary and secondary school students directly informed about healthcare careers (YTD)	129	130	10
		# of virtual visits to psychiatrist or other specialized Mental Health Service	10 (YTD)	35 by Q3	53
Access	Helping patients and families get the care they need	# of virtual visits to Diabetes Program	5 (YTD)	10	562
		# ER visits (YTD)	4527	WATCH	5027
		Improved feedback from Indigenous clients and/or proxies	Poor; not quantified	TBD	Ind. Exp. Work group working on identified priorities
		# musculo-skeletal incidents/lost time injury (LTI) (top Occ HealthLost Time Incidents)	13 incidents, 0LTI	0	11 non-LTI 4 LTI
		# med errors with high-risk drugs which reached the patient	9 (YTD)	0	6
Quality	Providing quality, evidence-informed, physically, psychologically and culturally safe care	# patient complaints	13 (YTD)	0	13
		QIP: Target met, as measured by % of BSPO Yr 2 deliverables workplan implemented	0%	100%	100%
		QIP: Target met, as measured by % of hospitalizations with patients with progressive, life-threatening illness have received a PPS score (palliative) (audit of 30 charts)	not assessed	30%	68%
		QIP: Target met, as measured by the % of patients with a suicidal ideation presentation who receive a patient safety	0%	25%	51%
		QIP: Target met, as measured by the % of patients apprehended under the MH Act where a TOC form was completed between Hospital and Police	0%	60%	81%
		Achievement of Lab, Pharmacy and overall accreditation	Met for previous cycle	100% met	met for Lab and Pharmacy, on track for overall accreditation
		% of ED patient experience surveys with top-box performance in "Overall Care" (YTD)	73%	80%	83 % (n=23)
		% of Inpatient patient experience surveys with Top-box performance in "Overall Care" (YTD)	92%	95%	65% (n=22)
		% of Lab/DI patient experience surveys with top-box performance in "Overall Care" (YTD)	77%	85%	87% (n=82)
		ED LOS 90th percentile, high acuity patients, CTAS 1-3, non admitted	14.9 (Q2)	WATCH	not available yet (last report: Feb 20)
		ED LOS 90th percentile, low acuity patients, CTAS 4-5, non admitted	5.6 (Q2)	WATCH	not available yet (last report: Feb 20)

		# Falls >55 years, resulting in harm	6 (YTD)	WATCH	23
		Total margin - hospital only	3.77%		0.4%
		Total margin - all fund types	6.47%		0.6%
		Sufficient resources to cover debts over the next 12 months, as measured by current ratio	1.01		1.1
Sustainable Infrastructure	Managing our resources responsibly	% of time that IT systems (server, network) are fully available to staff	98%	98%	98%
		# of information security incidents which pose a threat to computer network availability, integrity and confidentiality	0	0	#REF!
		Partner to innovate and improve healthcare delivery, as measured by number of partnered initiatives which address access or quality issues for our patients	11 (see annual report)	6	13 (Safe Beds, BPSO, Situation Table, Mobile Crisis, Community Safety and Wellbeing Plan, Isolation Centre, Assessment Centre, Chemo, Regional Pharmacy, Police Transitions, FHT IS/IT; NW Regional Integrated Care Working Group, OHT working group, CNE Patient Transfer Working Group)
System Leadership and Innovation	Contributing leadership and innovation to our healthcare system	Scorecard Colour Code: <ul style="list-style-type: none"> • Pink : Accreditation • Orange : HSAA • Yellow : MSAA • Blue : QIP • White: Other Strategic Priority 			