

## Balanced Scorecard 2011-12

Measure	Target
<b>1.0 Health of the Individual</b>	
<b>1.1</b>	<b>Improve the individual experience by providing exceptional care and service to customers that is consistent with both best practice and customer expectations.</b>
	<ul style="list-style-type: none"> <li>Percent of clients rating their hospital experience as 10 on a scale of 1-10. 37.1% by March 31, 2012.</li> </ul>
<b>1.2</b>	<b>Achieve timely access to evidence-based and quality health services and supports.</b>
	<ul style="list-style-type: none"> <li>Number of patients waiting longer than 12 months for surgery. All patients are offered option to have surgery within 12 months by March 31, 2012.</li> <li>Increase number of day surgeries. Greater than 425 day surgeries in 2011/12.</li> <li>Increase number of inpatient surgeries. Greater than 334 inpatient surgeries in 2011/12.</li> </ul>
<b>1.3</b>	<b>Continuously improve health care safety in partnership with patients and families.</b>
	<ul style="list-style-type: none"> <li>Provincial Hospital Standardized Mortality Ratio (HSMR). 2011/12 HSMR lower than reported in 2010/11 by March 31, 2012.</li> <li>Number and percentage of LTC residents who experience a fall, including affiliated and for-profit LTC facilities. Reduce the number of LTC residents who experience a fall by 20% by March 31, 2012.</li> <li>Percentage of admissions with complete medication reconciliation. 100%</li> </ul>
<b>2.0 Health of the Population</b>	
<b>2.1</b>	<b>Improve population health through health promotion, protection and disease prevention.</b>
	<ul style="list-style-type: none"> <li>Number of children (Age 0-5) who require dental surgery under general anesthesia to treat Early Childhood Tooth Decay (ECTD). Ministry to establish baseline by March 31, 2012.</li> <li>Healthy Weight. (measure TBD) TBD</li> <li>Number of new reported HIV cases by age. Ministry to establish baseline by March 31, 2012.</li> <li>Tobacco reduction.* (measure TBD) TBD</li> <li>Chronic kidney disease.* (measure TBD) TBD</li> </ul>
<b>2.2</b>	<b>Collaborate with communities, other ministries and different levels of government, to close the gap in health disparities.</b>
<b>3.0 Providers</b>	
<b>3.1</b>	<b>Work together to build a workplace that supports the adoption of both patient-and family-centered care and collaborative practices.</b>
	<ul style="list-style-type: none"> <li>Teamwork composite measure from the Employee Engagement Survey. Ministry to establish baseline by March 31, 2012.</li> <li>Patient and Family Centeredness composite measure from the Employee Engagement Survey. Ministry to establish baseline by March 31, 2012.</li> </ul>
<b>3.2</b>	<b>Work together to create safe, supportive and quality work-places.</b>
	<ul style="list-style-type: none"> <li>Number of sick time hours per FTE. 6.2% reduction in sick leave hours per FTE by March 31, 2012.</li> <li>Number of lost-time WCB days per 100 FTEs. 14.8% reduction in number of lost-time WCB days per 100 FTEs by March 31, 2012.</li> <li>Number of wage-driven premium (WDP) hours per FTE. 12.3% (\$310,191) reduction in number of WDP hours per FTE by March 31, 2012.</li> </ul>
<b>3.3</b>	<b>Develop a highly skilled, professional and diverse workforce with a sufficient number and mix of service providers.</b>
	<ul style="list-style-type: none"> <li>Annual turnover of physicians. Annual turnover of physicians less than 10% by March 31, 2012.</li> </ul>
<b>4.0 Sustainability</b>	
<b>4.1</b>	<b>Achieve best value for money while improving the patient experience and population health.</b>
	<ul style="list-style-type: none"> <li>Balanced financial position throughout the year operating a financial surplus. SCHR will report a budget surplus by March 31, 2012.</li> </ul>
<b>4.2</b>	<b>Improve transparency and accountability through measurement and reporting</b>
	<ul style="list-style-type: none"> <li>Develop and fully implement a balanced scorecard for SCHR.* 100% complete by October 31, 2011.</li> </ul>
<b>4.3</b>	<b>Strategically invest in facilities, equipment and information infrastructure to effectively support operations.</b>
	<ul style="list-style-type: none"> <li>Complete construction projects tenders and award contracts for Radville, Redvers and Kipling.* 100% complete by March 31, 2012.</li> <li>Start construction of Radville and Redvers long-term care projects.* 100% complete by March 31, 2012.</li> </ul>
<b>5.0 Supportive Processes</b>	
<b>5.1</b>	<b>Benchmark and model world-class high-performing health systems.</b>
<b>5.2</b>	<b>Achieve system-wide performance improvement and culture of quality through the adoption of Lean and other quality improvement methodologies.</b>
	<ul style="list-style-type: none"> <li>Introduction to Lean training.* 20% of all staff trained by March 31, 2012.</li> <li>All acute care facilities will be involved in Releasing Time to Care (RTC).* 100% of acute care facilities will have completed 2 modules by March 31, 2012.</li> </ul>
<b>5.3</b>	<b>Leverage technology to achieve improvements in patient care and system performance (e.g. EHR, Telehealth, Diagnostics).</b>
	<ul style="list-style-type: none"> <li>WinCis implementation at St. Joseph's Hospital.* 100% complete by September 30, 2011.</li> <li>Lab Information System (LIS) upgrade installation at Weyburn General Hospital.* 100% complete by March 31, 2012.</li> </ul>

\*Pay for Performance Targets