

Primary Owner	Definition	Unit of Measure	Measurement Cycle	2019-2020 GOAL	Notes
<b>FARM</b>	<b>Organizational Growth</b>				
<b>Budget Variance</b>	Variance reported to LHINs based on funding provided and expenses incurred to deliver contracted services	\$s	Quarterly	0\$ / Annual	Issues that arise that could impact a balanced budget will be communicated to the Board on a timely basis
<b>Financial Breakeven</b>	A balanced annual budget based on revenue equal to expenses	\$s	Quarterly	0+\$ Revenue vs. Expenses	PSL Financials presented to Auditors - breakeven based on Audited Financials
<b>Other Funding Sources</b>	In line with PSL's Funding Strategy secure funding through grants, sponsorships, partnerships and new service offerings to support growth plans	\$s	Quarterly	\$20,000	Includes: Q2: community sponsored event (~15,000), Port Credit Lawn Bowling club, Q2: Mo Snobar BBQ (~\$2,000), and miscellaneous donations (balance in Q4)
<b>Growth Plan Variance</b>	Revenue from Fund generation, Sponsors, Partnerships and new service offerings. This represents 3% of 2019-2020 funding	\$s	Quarterly	\$223,691	Fundraising, grants and proposals, SALC, ROP, private revenue. \$50,000 at Q2, remaining Q3 and Q4 (largest portion based on experience)
<b>Strategic Partnerships (Shared \$s)</b>	Secure two new strategic Service Partnerships	#	Annual	2 / Annual	The strategic partnership should meet key partnership criteria recommended to and approved by the Board. (a) PSL & Indus partnership to service-waitlisted clients (Q2-Q3) (b) PSL & Active Adult Centre to provide friendly visiting services to waitlisted and common high-risk clients (Q1 to Q4)
<b>Risk Management/Mitigation</b>	Risks reported and reviewed with Directors with mitigation plans for any risk placed in the major/extreme and likely/almost certain categories	Mitigation Plans (as required)	Monthly	Risk Control	Timely risk identification and mitigation strategies is critical during Health System Transformation
<b>HR Readiness Plan</b>	Ongoing review to identify and plan to address potential resource service delivery gaps	#	Annual	Completed readiness plan	Addressing current gaps and readiness recommendations (e.g. employment, retention, pay grades, union-labour relations etc.)
<b>Employee Health Risk Index</b>	The impact of employee lost days (WSIB) and sick days on the business, and indicates the impact on WSIB payments and cost to contract to backfill longer-term lost days	#	Monthly	45/month	Weighted average score for lost days (10%) and sick days (90%). Updated in 2017-2018
<b>Arbitration</b>	# of Grievances that proceed to Arbitration	#	Monthly	1/Annual	

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<b>Q&amp;CE</b>	<b>Service Excellence</b>				
<b>PSL Service Excellence Recognition</b>	Peer Review Journal publication of an article on PSL's IDEAs and/or Medication Management Initiative	Publication	Annual	1/Annual	
<b>Medication Management Program</b>	Presentation of a business case identifying opportunity, risk management, and steps to implement	Business Case	Annual	1/Annual	ROP application for consulting project related to business case presentation. If unsuccessful, quarterly links can be presented.
<b>Client Satisfaction Survey</b>	Combined average for all clients served	%	Annual	90%/Annual	
<b>Client Care Risk Index Metric</b>	Achieve composite client care metric score target with minimal fluctuation. The score is a weighted total of client medication errors and client falls per 10k resident days.	#	Month	<5/Month	Care index calculated on weighted score for each of recorded Medication Errors (85%) and Falls (15%). Subject to change (see Revised Definition to right) Updated in 2017-2018
<b>Client Community Engagement-FCCAP</b>	Increase representation on PSL's FCCAP to ensure broad representation of clients and communities served	%	Quarterly	60%/Annual	Target is 60% of business units represented on FCCAP by Q4
<b>Execute QIP</b>	Implement the QIP plan developed in 2017-2018. Revise QIP with additional targets as identified and reporting materials	Y	Annual	Y/Annual	Steps: Q1 - review/discuss results with management staff. Implement action plan to address key areas. Q2 - Check M-SAA and Accreditation requirements and align client survey questions with client feedback via the FCCAP. Q3: Prepare surveys for distribution. Q4: Launch and tabulate results for Board, LHIN and CQN.
<b>Caregiver Satisfaction Survey</b>	Caregiver feedback on client/caregiver experience and service satisfaction levels is gathered with a bi-annual survey	%	Bi-Annual	88%/Bi-Annual	
<b>Complaints</b>	Complaints reported will include those that present a reasonable level of exposure to negative repercussions and/or impact on client and family service.	#	Quarterly	4/Annual	Written complaints only utilizing common template provided by agency and if applicable to respond using complaints policy
<b>Execute Health Equity Plan</b>	Monitor and review ongoing health equity plans.	Y	Annual	Y/Annual	Q1: Review customer satisfaction rate on Q4 2017-2018 related to health equity. Encourage supervisors to enlist assistance of translators/family where possible when interacting with clients; Q2: update staff language template and site language requirements; Q3: Develop with HR a recruitment/staffing strategy to place front line staff with 2nd language at respective sites with language needs; Q4: Host a training in Cultural Competency for all PSL staff and managers

Accreditation	Move forward to ensure accreditation processes are in place and new activities to reach 2021 accreditation.	Y	Annual	Y/Annual	Q1: Complete review of ROP's and Standards, develop training plan, confirm front-line staff representation for committees, engage team leads and initiate first meeting; Q2: Track audit of staff training and records, check-in with individual team work plans, Governance & Leadership introduction and training; Q3: Complete leadership, worklife and client survey, complete self-assessment for all teams; Q4: Complete Governance survey, print roadmaps for all teams, re-assess, plan and implement changes
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<b>Q&amp;CE</b>	<b>Service Growth</b>				
<b>Grow Creditvale Mills</b>	Grow Creditvale Mills program to reach a broader community	Depending on KPI's developed and approved for hub operations	Annual	Utilize newly developed KPI's for the operation of the hub	(a) Introduce 2 new programs to the CVM wellness program (b) Develop and implement CVM evaluation metrics; At the completion of the KPI project (Q1), the parameters will be used to establish quarterly goals
<b>Pilot One New Fee-for-Service Program</b>	Identify and develop a pilot program to deliver and test the assessment of a new fee-for-service program offering	Business Case, Delivery & Impact Assess.	Annual	1/Annual	Q1: explore options for pilot program development as identified in Schulich report; Q2: Develop business plan for board review; Q3: Present business plan to the board; Q4: Implement fee for service pending board approval
<b>Extend Social Recreational Programs</b>	Extend social recreational programs to all 11 PSL sites	#	Annual	11	Building on current programming (4-5 sites), will increase to cover all PSL sites by end of Q4
<b>Execute Business Plan</b>	Achieve annual Business Plan objectives and activities noted in the 2019-2020 document	0-5	Quarterly	5/Annual	Scoring as follows: 0 - not initiated, 1 - discussion initiated, 2 - potential defined and interest expressed to, 3 - partial achievement, 4 - total achievement, 5 - overachievement
<b>Establish Strategic &amp; Business Plans</b>	Create annual Business Plan with detailed measures and targets to support the longer-term Strategic Plan	Business Plan	Annual	2019-2020 Business Plan	Target is to deliver the Business Plan by February to lead new fiscal year planning and development. The impact of health system transformation requires generative discussions and ongoing review of, and potentially updating of, the longer term Strategic Plan. Retreat for strategic review planned in Q3

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<b>Governance</b>	<b>Sector Stakeholder/Government Engagement</b>				
<b>M-SAA Compliance</b>	Meet Quarterly and Annual requirements stated in M-SAA Schedule E1 (core indicators) and E2a (clinical activity) and must be achieved to comply.	Compliance	Quarterly	Compliance/Annual	PSL meets compliance requirements outlined in the M-SAA's
<b>Strengthen Integration Relationships with 3 Committees/ Teams - Lead Formation of an Ontario Health Team</b>	Strengthen and integrate relationships with 3 key Committees/Teams influencing the position of CSS in the Ontario Health System	Y	Quarterly	Y/Annual	Specific information on how PSL has integrated will be required. Targeting: Trillium Health Partners, William Osler, Metamorphosis Network. OCSA, LTC, primary care, home care
<b>Key Stakeholder Feedback/Buy-In</b>	Engage 2 key stakeholders to gather insights and feedback on PSL's Strategic direction, plans and partnership opportunities	#	Quarterly	2/Annual	Joint board and executive team meeting with Habitat for Humanity in Q1; Peel/HIV Aids Network in Q1-Q2
<b>Advocate for the CSS Sector</b>	Engage in advocacy through influencing policy development in transformational planning	Y	Quarterly	Y/Annual	Supported with evidence of how PSL has influenced transformation planning, for e.g. OHT meetings (Q1-Q4), Metamorphosis Network (Q1), Conferences (Q3), Educational seminars (Q1-Q4), meetings with local M.P.P.'s (Q1-Q4)
<b>Determine Potential for Municipal Partnership</b>	Explore opportunities to form partnerships at the Municipal and City Level to support the provision of services in Mississauga and Brampton	Y	Quarterly	Y/Annual	Explore potential opportunities for municipal resource support with 2 municipalities/Cities (Mississauga and Brampton) to support PSL services and programs
<b>Board Engagement</b>	Board and Director self-evaluations are required for good governance in line with Board Governance Policies and are required by LHINS and Accreditation Canada	#	Annual	3.8	To be determined by governance committee
<b>Board Succession</b>	Ensure readiness and ability to replace Directors (end of term or otherwise) to ensure the Board maintains support from a minimum of Directors.	#	Quarterly	11	