

Performance Scorecard (FY18-19)

View: Board of Directors

- KPI Definitions -



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KPI Definitions

		Primary Owners	2018-2019 Definition	Original Definition / Measurement	PSL Goal (FY 18-19)	PSL Goal (FY17-18)	Data Source	Method of Measurement	Unit of Measure	Measurement Cycle	Original Notes / Comments	Revised Definition / Measurement	Revised Notes / Comments
A- Organizational Growth		CEO & Finance Committee											
A1	Budget Variance		Variance reported to LHINs based on funding provided and expenses incurred to deliver contracted services	Variance reported to LHINs based on funding provided and expenses incurred to deliver contracted services	\$0 / Annual	\$0 / Annual	PSL Financial Records	Quarterly LHIN Budget Variance	\$s	Quarterly	- year end balanced budget - % of budget on administration - new fiscal pressures - variance for. to act.expenses - fraud & theft - variance for. to act. units of service - number of clients - resident days * Issues that arise that could impact a balanced budget will be communicated to the Board on a timely basis.		** Q4 data will be provided prior to June 30th following the Audit**
A2	Growth Variance		Revenue from Fund generation, Sponsors, Partnerships and new service offerings (less expenses incurred to secure – legal, service delivery, PSL staff resources). This represents 5% of 2018-2019 funding	Revenue from Fund generation, Sponsors, Partnerships and new service offerings (less expenses incurred to secure – legal, service delivery, PSL staff resources). This represents 5% of 2017-2018 funding	\$363,000	\$369,000	PSL Financial Records	Financial Statements	\$s	Quarterly			** Q4 data will be provided prior to June 30th following the Audit**
CEO A1	Financial Breakeven		A balanced annual budget based on revenue equal to expenses	A balanced annual budget based on revenue equal to expenses	Y / Annual	Y / Annual	PSL Financial Records	Audited Financials	Y/N	Quarterly	This will include funding applied for and secured from new/enhanced funding arrangements to cover approved plans for additional costs.		Financial Breakeven is reported in Q2, and Q4 as a requirement to comply. Q1 is not reported. ** Q4 data will be provided prior to June 30th following the Audit**
CEO A2	Other Funding Sources		Decrease reliance on government funding by 2% in fiscal 2018-2019. Secure funding through grants, sponsorships, partnerships and new service offerings to support growth plans and one new sponsor for community event. Develop	Secure funding through grants, sponsorships, partnerships and new service offerings to support growth plans and one new sponsor for community event	2 / Annual	Y / Annual	PSL	Presentation and approval of plan by the Board	Y/N	Annual			
CEO A3	Growth Plan		Execute growth plan of 2% ongoing funding for the year 2018-2019 through submission of new hub and spoke proposal and collaboration with H&CC for new functional centre to care for MAPLe 1 and 2	Execute growth plan of 2% ongoing funding for the year 2017-18 - MAPLe levels 4 and 5, ROP funding for HR Generalist position and Creditvale Mills funding	2 / Annual	2 / Annual	PSL	Committee Approved Plan	%	Annual		Use % funding based on growth plan of the organization	Distinguishing between growth plan vs. variance
CEO A4.a	Strategic Partnerships		Secure two new strategic partnerships	Secure two new strategic partnerships	2 / Annual	2 / Annual	PSL	Signed Contract	#	Annual	The strategic partnership should meet key partnership criteria recommended to and approved by the Board, and should be a sustainable partnership.		
A3	Human Resources												
A3.a	CEO/SMT Succession Plans		Succession plans are required for all critical positions. Success will be measured on the % of completed succession plans. Positions to be developed for the 2018-2019 include Manager, Business Units and Supervisor, Client Services	Succession plans are required for all critical positions. Success will be measured on the % of completed succession plans. Positions to be developed for the 2017-2018 include Director, Finance and I&IT, Director, Human Resources	2 / Annual	4/ Annual	PSL	completion of 1 plan / month [4 executives @ this time (Oct 2015)]	Y/N	Annual			
A3.b	Employee Health Risk Index		The measure reflects the impact of employee lost days (WSIB) and sick days on the business, and reflects the additional cost to contract to backfill longer-term lost days and the impact of these on WSIB payments.	The measure reflects the impact of employee lost days (WSIB) and sick days on the business, and reflects the additional cost to contract to backfill longer-term lost days and the impact of these on WSIB payments.	45.00/Month	56.00/Month	PSL WSIB/SICK	Weighted average score for lost days (10%) and sick days (90%). Updated in 2017-2018	#	Monthly	The measure reflects the impact of employee lost days (WSIB) and sick days on the business, and reflects the additional cost to contract to backfill longer-term lost days and the impact of these on WSIB payments.	Under Human Resources this will be measured by a weighted average of data on WSIB lost days (currently set at 10%), and reported PSL sick days (@90%). The %s identified are initial and are subject to future review as more data / evidence is entered into the system. The calculation will be done using a standard algorithm to support consistency and accuracy in reporting.	Changed weighting to reflect greater sick days as compared to WSIB lost days
A3.c	Grievances		An official statement of a complaint over something believed to be wrong or unfair by an employee can impact the perception of working at PSL.	An official statement of a complaint over something believed to be wrong or unfair by an employee can impact the perception of working at PSL.	6.0/year	5.0/year	PSL			Annual	A measure of grievances will assist in identifying employee issues and concerns as a measure for staff and union dynamics.	Grievances provide a measure for staff and union dynamics. Renumbered Oct 22 as % Turnover KPI removed.	Still currently working to create a baseline of establishing appropriate number of grievances expected
A3.d	Arbitrations		Number of grievances that proceed to arbitrations	Number of grievances that proceed to arbitrations	1.0/year	3.0/year	PSL		#	Annual			

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		Primary Owners		Original Definition / Measurement			Source of data	Method of Measurement			Original Notes / Comments	Revised Definition / Measurement	Revised Notes / Comments
B- Service Excellence		CEO & Quality and Community Engagement											
B1	Client Care Risk Index		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.	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.	<5.0/month	<5.80/month	PSL	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	#	Monthly	Operational reports will track detailed information. A summary report for the Board will use an overall care metric. * Issues that arise regarding resident care will be communicated to the Board on a timely basis.	A "care index" for PSL will provide an overview index associated with client care. This will reflect 85% of client medication errors and 15% client falls per 10k resident days. The %s identified are initial and are subject to future review as more data / evidence is entered into the system. The calculation will be done using a standard algorithm to support consistency and accuracy in reporting.	With elimination of % Turnover, adjustments to number of original A3.c and A3.d (bumped up) Originally client was to be factored into calculation. Decided otherwise based in inability to make change (ex: chronic faller, alcoholic, etc). Weighting changed to 85% medication errors and 15% falls to focus on areas that can be addressed
CEO B1	Client Care Risk Index			Refer to B1 above	<5.0/month	<5.80/month	PSL	Weighted Average	#	Monthly			
B2	Complaints		Complaints reported will include those that present a reasonable level of exposure to negative repercussions and/or impact on client and family service.	Complaints reported will include those that present a reasonable level of exposure to negative repercussions and/or impact on client and family service.	4 / Annual	4 / Annual	PSL	Written Complaints	#	Quarterly	PSL will track all complaints received by PSL management, and will bring those that cannot be addressed satisfactorily to the attention of the Board on a timely basis. * Reports of fraud and/or theft will be dealt with on a timely basis.	Complaints gathered will include those that present a reasonable level of exposure to negative repercussions and/or an impact on client and family service. Complaints should be addressed to the satisfaction of PSL clients and family.	
B3	Satisfaction												
B3.a1	% Satisfaction via Client Survey - <u>MH LHIN</u> (Annually - March)		Satisfaction will be measured using a standard survey tool that includes questions required by the LHINs. PSL satisfaction levels should meet and/or exceed the previous survey results. Results will not show until Q4 when the surveys are completed.	Satisfaction will be measured using a standard survey tool that includes questions required by the LHINs. PSL satisfaction levels should meet and/or exceed the previous survey results. Results will not show until Q4 when the surveys are completed.	90.0 / Annual	90.0 / Annual	PSL - Clients	Annual Survey	%		PSL will work to ensure survey needs of other organizations are met without compromising survey responses and response rate.	Satisfaction will be measured using a standard survey tool. PSL satisfaction levels should meet and/or exceed the previous survey results, and must address requirements defined by the LHIN and HQO.	
B3.a2	% Satisfaction via Client Survey - <u>CW LHIN</u> (Annually - March)			Refer to B3.a1	90.0 / Annual	90.0 / Annual	PSL - Clients	Annual Survey	%	Annual			
CEO B2	Client Satisfaction		Below 80% - not achieved; 80-85 partial achievement, 85+ achieved	Combined average for all clients served	90.0 / Annual	90.0 / Annual	PSL - Clients	Annual Survey	%	Annual			
B3.a3	% Satisfaction via Caregiver / Family Survey		Caregiver feedback on client/caregiver experience and service satisfaction levels is gathered with a bi-annual survey	Caregiver feedback on client/caregiver experience and service satisfaction levels is gathered with a bi-annual survey	88.0 / Biennal	85.0 / Biennal	PSL - Caregivers/Clients	Biennal Survey	%	Biennal			
B4	CEO Performance: Quality - Service Excellence												
CEO B4.a	Collaborative Research		Implement isolation and loneliness study by acquiring 1 funding source	Secure 1 research partner to advance business goals and objectives. In 2017-2018, initiate research on Loneliness and Isolation study that was approved in 2016-2017. Acquire funding	1/Annual	1/Annual	PSL + Partner	Project commitment - research project completed	#	Annual			
CEO B4.b	QIP		Implementation plan to support monitoring and reporting.	Implementation plan to support monitoring and reporting.	Y/Annual	Y/Annual	PSL	Submitted to LHINs by March 31, 2019	Y/N	Annual			
CEO B4.c	Execute QIP		Implement the QIP plan developed in 2017-2018. Interim steps: Q1 - review and discuss results with appropriate management staff. Implement action plan to address key areas. Q2 - Check M-SAA requirements for updating client satisfaction survey; Align survey questions with accreditation and client feedback via the FCCAP. Q3: Prepare surveys for distribution. Q4: Launch survey, tabulate results and report to Board, LHIN and CQN. Revise QIP with additional targets as identified	Implement the QIP plan developed in 2016-2017. Interim steps: Q1 - review and discuss results with appropriate management staff. Implement action plan to address key areas. Q2 - Check M-SAA requirements for updating client satisfaction survey; Align survey questions with accreditation and client feedback via the FCCAP. Q3: Prepare surveys for distribution. Q4: Launch survey, tabulate results and report to Board, LHIN and CQN. Revise QIP with additional targets as identified	Y/Annual	Y/Annual	PSL	Submitted to LHINs by March 31, 2019	Y/N	Annual			
CEO B4.d	Execute Health Equity Plan		Monitor and review ongoing health equity plans. 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	Implement Health Equity Plan across all services and programs. Q1 - Implement Health Equity with Foot Care Service; Q2 - evaluate health equity implementation with Foot Care and make necessary changes. Prepare for implementation across all programs. Q3 - Engage LHIN staff to present on Health Equity to supervisors in preparation for implementation across all programs, Monitor progress with foot care program with input from supervisors; Q4 - Implementation across all programs as per LHIN requirement for fiscal 2017-2018	Y/Annual	Y/Annual	PSL	Submitted to LHINs by March 31, 2019	Y/N	Annual			
CEO B4.e1	Develop and commercialize medication management program		Present the medication management program and/or IDEAS project at a minimum of 1 conference. Develop and commercialize medication management workshop. Q1: engage appropriate partners for discussion; Q2: face-to-face meeting with a partner to discuss creation of workshop material; Q3: complete materials and develop presentation; Q4: provide training to at least 1 agency/conference	Present medication management best practices. Q1 - Discuss on appropriate avenues to present the medication program. Evaluate potential conference opportunities; Q2 - Prepare the documentation, assign presenters, abstract submission; Q3 - Present at conference; Q4 - Review feedback from conference and address changes, plan next steps	Y/Annual	Y/Annual	PSL	Presentations; workshop development	Y/N	Annual			

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CEO B4.e2	Accreditation		Move forward to ensure accreditation processes are in place and new activities to reach 2021 accreditation. Q1 - Register teams (including governance in September 2018) on the online Accreditation portal, reviewed new draft medication standards for feedback to HSO; Q2 – Reviewed workplan for Q3 survey, prepare standards & ROPs for appropriate teams; Q3 – Conducting surveys and reviewing results , monitor	Move forward to ensure accreditation processes are in place and new activities to reach 2021 accreditation. Q1 - Review accreditation results and recommendations. Implement critical recommendations from survey results; Q2 - Establish workplan for next accreditation; Q3 - Create appropriate committees; Ongoing review of policies and procedures; Q4 - review ROP and standards, align PSL operations according to accreditation standards	Y/Quarter	Y/Annual	PSL	Accreditation Achieved	Y/N	Annual in 2017 (next 2020)			Met 1st aspect - accredited
		Primary Owners		Original Definition / Measurement			Source of data	Method of Measurement			Original Notes / Comments	Revised Definition / Measurement	Revised Notes / Comments
C- Service Growth		CEO & Quality and Community Engagement											
CEO C1	Service Program Expansion		Plan defining opportunities to expand service offerings; and potential to explore and develop new service offerings - offering existing services to new clients and new services to existing clients. Hire Active Living Coordinator and establish social/recreational programming at 4 service locations. Establish and receive approval for fundraising framework	Plan defining opportunities to expand service offerings; and potential to explore and develop new service offerings - offering existing services to new clients and new services to existing clients	Y / Annual	Y / Annual	PSL + Partner	Committee Approved plan provided to support 2018-2019 business plan development	Y/N	Annual	The plan should explore new business opportunities to extend service offerings; and potential to explore and develop new service offerings		
CEO C1.a	Creditvale Mills Hub		Growth of CVM hub with 2 new programs and development of key evaluation indicators to measure hub outcomes. Strategic plan refresh for the hub.	Launch Creditvale Mills hub in partnership with MH LHIN, ROP, and other HSP's	2/Annual	Y / Annual	PSL		#	Annual			
CEO C1.b	Fee-for-Service		Develop a business case and implementation plan for the board related to fee-for-service programs. Implement one fee-for-service program from recommendations of the Schulich School of Business competitive study	Implement a pilot fee-for-service program for PSW and/or HH following Schulich School of Business competitive study	1/Annual	Y / Annual	PSL + Schulich School of Business		#	Annual			
C2	Stakeholder and Community Relations		Establish a process to engage stakeholders/ clients/caregivers and members of the community to introduce and gather feedback to advance service offerings to support service growth and the 2018-2019 Business Plan. Community engagement to be held in Q4.	Establish a process to engage stakeholders/ clients/caregivers and members of the community to introduce and gather feedback to advance service offerings to support service growth and the 2016-2017 Business Plan	Y / Annual	Y / Annual	PSL documentation consultations on participation and feedback	Committee review and assessment	#	Annual	This will include volunteer contributions to advance the goals and objectives defined for PSL.		
C3	Strategic Business Plans												
CEO C3.a	Execution: Business Plans		Achieve annual Business Plan objectives. Scoring as follows: 0 - not initiated, 1 - discussion initiated, 2 - potential defined and interest expressed to, 3 - partial achievement, 4 - total achievement, 5 - overachievement. This scoring relates to the business plan activities noted in the 2018-2019 business plan document	Establish and maintain reporting to measure achievement of business plan objectives using established indicators and targets	4.0 / Annual	5.0 / Annual	Business Plan Tracking	Performance Scorecard and Business Plan Tracking tool	0-5	Annual			
CEO C3.b	Establish Strategy and Business Plans		Create 2019-2020 Business Plan by Q4 with detailed measures and targets to support the 2016-2020 Strategic Plan, reviewed and approved by the board.	Create 2017-2018 Business Plan with detailed measures and targets to support the 2016-2020 Strategic Plan	Y / Annual	Y / Annual	Board approved Business Plan for 2019-2020	Board approved plans in place	Y/N	Annual			
		Primary Owners		Original Definition / Measurement			Source of data	Method of Measurement			Original Notes / Comments	Revised Definition / Measurement	Revised Notes / Comments
D-Sector Stakeholder/ Government Engagement		CEO & Governance											
D1	Regulatory Compliance												
D1.a	M-SAA Compliance		Meet Quarterly and Annual requirements stated in M-SAA Schedule E1 (core indicators) and E2a (clinical activity) and must be achieved to comply.	Meet Quarterly and Annual requirements stated in M-SAA Schedule E1 (core indicators) and E2a (clinical activity) and must be achieved to comply.	Y / Quarterly	Y / Quarterly	PSL Senior Manager Confirm Compliance	Report Filed	Y/N	Quarterly	This includes ensuring preparedness for 2017 Accreditation.	Defined requirements are clearly stated in Schedule E1 (core indicators) and E2a (clinical activity) and must be achieved to comply. Quarterly reports will be made by PSL Senior Management confirming compliance requirements have been achieved and reported. Schedule E1 and E2a in the MSAA include: • Financial and statistical data corresponding to these requirements are monitored and submitted on a quarterly basis to the Ministry, starting Q2 annually • Data is utilized to populate our performance scorecard and manage operations and results	** Q4 data will be provided prior to June 30th following the Audit**
D1.b	Ministry Compliance		Quarterly reports will be made by PSL Senior Management confirming compliance to directives and/or direct funding from the Ministry of Health separate from LHIN approvals.	Quarterly reports will be made by PSL Senior Management confirming compliance to directives and/or direct funding from the Ministry of Health separate from LHIN approvals, e.g. PSS Wage Enhancement directive.	Y / Quarterly	Y / Quarterly	PSL Senior Manager Confirm Compliance	Documentation Files	Y/N	Quarterly		Defined requirements must be achieved. Quarterly reports will be made by PSL Senior Management confirming compliance requirements have been achieved and reported. This refers to directives and/or direct funding from the Ministry of Health separate from LHIN approvals, e.g. PSS	** Q4 data will be provided prior to June 30th following the Audit**

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CEO D1	Compliance - Relationships with Funding Agencies		Ensure ongoing compliance and engagement. Maintain effective relationships with funding agencies.	Ensure ongoing compliance and engagement. Maintain effective relationships with funding agencies.	Y / Quarterly	Y / Quarterly	PSL Documentation	Quarterly & Annual Reports	Y/N	Annual	Ongoing changes to the health infrastructure could change provisions and/or requirements. CEO measurement method would need to be reviewed in this event.	<div>• Meet contract requirements to maintain and or complete funding to its effective term</div> <div>• Develop new funder relationships</div>	
D2	Government/stakeholder Relations												
D2.a	Government Relations		Maintain effective relationships with government through meetings and communications with local M.P.P.'s , M.P.'s, Regional and Municipal councillors. Participate in organizations that positively impact Senior's Services the – leadership and communication with LHINS and other health system partners, e.g.H&CC, Hospitals, Public Health, Metamorphosis Network etc.	Maintain effective relationships with government through meetings and communications with local M.P.P.'s , M.P.'s, Regional and Municipal councillors. Participate in organizations that positively impact Senior's Services the – leadership and communication with LHINS and other health system partners, e.g. CCAC's, Hospitals, Public Health, Metamorphosis Network etc.	2.0 / Quarterly	4.0 / Quarterly	Ministry, Websites, Meetings, OCSA	Tracking of current legislation and changes	0-5	Qtr		<div>This included:</div> <div>• Maintaining effective relationships with government through meetings and communications with local M.P.P.'s , M.P.'s, Regional and Municipal councillors and staff</div> <div>• Participating in the Metamorphosis Network – leadership and communication with LHINS and other health system partners, e.g. CCAC's, Hospitals, Public Health, etc.</div> <div>• Collaborating and partnering with local, regional, provincial, national and</div>	
CEO D2.a	Strengthen and integrate relationships		Strengthen and integrate relationships with 3 key Committees/Teams influencing the position of CSS in the Ontario Health System	Strengthen and integrate relationships with 3 key Committees/Teams influencing the position of CSS in the Ontario Health System	None	Y/Annual	PSL		Y/N	Annual			
CEO D2.b	Engagement Plan/Process		Engagement in an annual community engagement event that is a key required in the M-SAA. Plan and hold 25th anniversary event	Engagement in an annual community engagement event that is a key required in the M-SAA	Y/Annual	Y/Annual	PSL	Committee Approval	Y/N	Qtr			
CEO D2.c	Feedback Key Stakeholder		Engage 2 key stakeholders to gather insights and feedback on PSL's Strategic direction and plans	Engage 2 key stakeholders to gather insights and feedback on PSL's Strategic direction and plans	2/Annual	2/Annual	PSL + Stakeholders	Participation Feedback	#	Annual		<div>Complete discussions with 2 new potential partners</div>	
CEO D2.d	Feedback Client/Community Stakeholders		Engage 60 client/community participants to gather insights and feedback to advance PSL's Strategic Direction and growth plan	Engage 60 client/community participants to gather insights and feedback to advance PSL's Strategic Direction and growth plan	60 / Annual	60 / Annual	PSL + Client + Caregivers	Participation Feedback	#	Annual			
D3	Governance												
D3.a	Board Engagement		Board and Director self-evaluations are required for good governance in line with Board Governance Policies and are required by LHINS and Accreditation Canada	Board and Director self-evaluations are required for good governance in line with Board Governance Policies and are required by LHINS and Accreditation Canada	3.8 / Annual	3.8 / Annual	PSL + Board	Survey	#	Annual			
D3.b	Board Succession Planning (# Board Members)		Ensure readiness and ability to replace Directors (end of term or otherwise) to ensure the Board maintains support from 10 Directors.	Ensure readiness and ability to replace Directors (end of term or otherwise) to ensure the Board maintains support from 10 Directors.	11 / Quarter	10 / Quarter	PSL + Board	Board of Directors	#	Quarterly	Governance Terms of Reference provides guidelines.	<div>Policies and processes in place to maintain and support by-law requirements, governance guidelines, and adequate number and skill sets required to</div>	