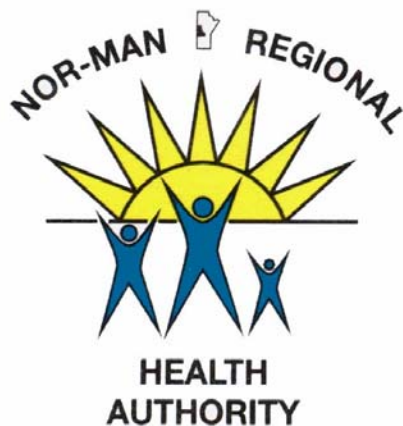


NOR-MAN Regional Health Authority Quality Scorecard



The NOR-MAN Regional Health Authority is pleased to share our Quality Scorecard with other Regional Health Authorities and Health Agencies. The only request that we make is that if you plan to use our model that you acknowledge the NOR-MAN Regional Health Authority for developing it.

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Updated November 2007

Introduction

This booklet was developed as a result of the overwhelming response across the country for information on NOR-MAN Regional Health Authority's Quality Scorecard and requests to use our model. We are excited by the response that has been generated and are pleased to share our Quality Scorecard with other health authorities/ agencies.

We received a best practise commendation from the Canadian Council for Health Services Accreditation (CCHSA) during our Accreditation in April 2001. CCHSA is also showcasing our model as part of their education sessions.

We see great potential for this model to be used by other organizations affiliated with the Canadian Council for Health Services Accreditation and a way to begin to work towards a common performance measurement tool. A number of Regional Health Authorities are using our model and find it helpful. The only request that we make is that if you plan to use our model that you acknowledge the NOR-MAN Regional Health Authority for developing it.

This booklet will provide an overview of:

- ❑ What is NOR-MAN's Quality Scorecard and why we developed it?
- ❑ How it was developed?
- ❑ How it is being used?
- ❑ What it looks like?

What is NOR-MAN's Quality Scorecard & why we developed it?

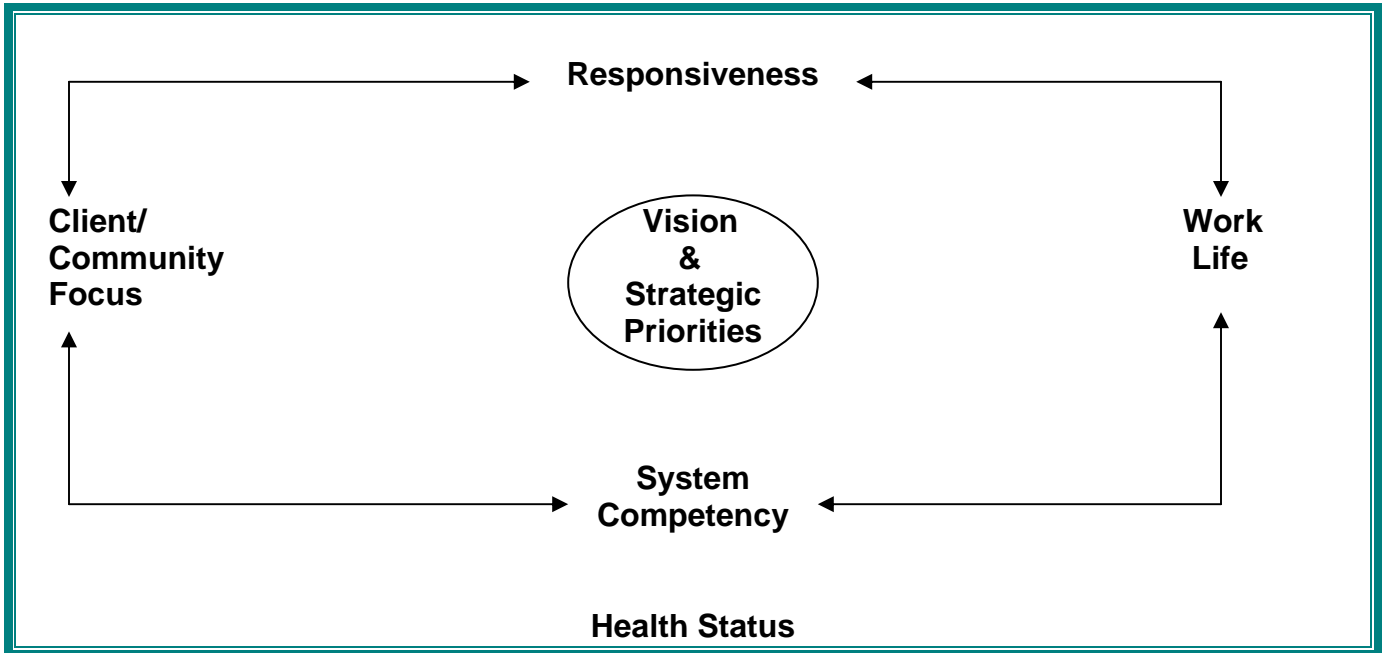
NOR-MAN Regional Health Authority's Quality Scorecard is an adaptation of the Balanced Scorecard developed by Kaplan & Norton. Their definition of a Balanced Scorecard is:

“A Balanced Scorecard translates a organization's mission & strategy into a comprehensive set of performance measures that provides the framework for a strategic measurement & management system.” (Kaplan & Norton, 1996)

The traditional Balanced Scorecard incorporates the following four dimensions into its reporting framework:

- (1) internal;
- (2) external;
- (3) financial, and
- (4) innovation & learning.

The NOR-MAN Regional Health Authority Quality Scorecard is our corporate “report card.” It reports on how our health system is doing (health system performance). It provides a vehicle for the board, management and staff to monitor health system performance based on priorities set by our Strategic Plan.



NOR-MAN Regional Health Authority’s Quality Scorecard is aligned with Manitoba’s Health Performance Framework (see Appendix A) and NRHA’s Quality Management program. Our Quality Management Framework (see Appendix B) shows how we have integrated planning and performance measurement into our Quality Management Program.

Our planning process begins with a comprehensive Community Health Assessment, which is completed every five years. The Community Health Assessment provides us with a solid base of data, which forms the basis for our five-year Strategic Plan.

The Strategic Plan sets our Mission, Board Ends and Strategic Priorities. The Quality Scorecard is one part of performance measurement. It is the tool that we use to measure “Health System Performance” and it based on the four dimensions of CCHSA AIM Standards. The dimensions and descriptors are listed below:

Responsiveness	System Competency	Client/ Community Focus	Work Life
<ul style="list-style-type: none"> <input type="checkbox"/> Availability <input type="checkbox"/> Accessibility <input type="checkbox"/> Timeliness <input type="checkbox"/> Continuity <input type="checkbox"/> Equity 	<ul style="list-style-type: none"> <input type="checkbox"/> Appropriateness <input type="checkbox"/> Competence <input type="checkbox"/> Effectiveness <input type="checkbox"/> Safety <input type="checkbox"/> Legitimacy <input type="checkbox"/> Efficiency <input type="checkbox"/> System Alignment 	<ul style="list-style-type: none"> <input type="checkbox"/> Communication <input type="checkbox"/> Confidentiality <input type="checkbox"/> Respect & Caring <input type="checkbox"/> Participation & Partnership Organizational responsibility & involvement in the community 	<ul style="list-style-type: none"> <input type="checkbox"/> Open Communication <input type="checkbox"/> Role Clarity <input type="checkbox"/> Participation in Decision Making <input type="checkbox"/> Learning Environment <input type="checkbox"/> Well-being

How was it developed?

At the August 2000 Meeting of the NRHA Board of Directors, the board made a motion to fully support the “Balanced Scorecard” concept and its implementation. Senior Management was directed to develop a framework, timeframe and implementation plans. It soon became evident in the planning stage that the Balanced Scorecard approach needed to be adapted to align with the CCHSA’s AIM dimensions and the NRHA’s Quality Management framework. The Balanced Scorecard was changed to the “Quality Scorecard.”

We recognized from the beginning that the scorecard would not be a perfect document. As there were not many provincial or national indicators to benchmark with or standard definitions for indicators, it was decided that the scorecard would be a work-in-progress document. Our philosophy was to develop a user-friendly model that we would modify and improve as we went along.

The first round of Scorecards was developed between October 2001 and September 2003:

- ❑ “Work Life” Scorecard – released in October 2001.
- ❑ “Responsiveness” Scorecard – released in February 2002.
- ❑ “System Competency” Scorecard – released in December 2002.
- ❑ “Client/ Community Focus” Scorecard – released in September 2003.

How it is being used?

To ensure timely release of data, the following timetable has been adopted for the release of NRHA’s Quality Scorecards (revised effective September 2005):

Quarter	Quadrant	Other Reviews
September	System Competency	Progress on “Red Items” from other Scorecards
December	Work Life	Progress on “Red Items” from other Scorecards
March	Client/ Community Focus	Progress on “Red Items” from other Scorecards
June	Responsiveness	Progress on “Red Items” from other Scorecards

The CQI Teams and/ or relevant departments play an integral part in the Quality Scorecard. They are responsible for completing the following tasks relating to their indicators:

1. Collecting relating indicators as part of the CQI Team’s indicators list.
2. Monitoring & analyzing data and providing statistical data in a timely data to be included in the scorecard.
3. Providing the team’s interpretation on the colour code rating.
4. Developing a response to the interpretation of the data and a proposed action plan.
5. Implementing the action plan or directing it to the appropriate program/ department area.
6. Ensuring follow-up and ongoing monitoring.

What does it look like?

Each Quality Scorecard contains the following sections:

1. Vital Statistics Page (the front Page)

The first page, which we named “Vital Statistics”, provides the reader with some data and/or information that is pertinent to the AIM dimension. A sample of the vital statistics page for each of the Scorecards can be found in Appendix C:

2. Summary Indicator Page (page two)

The second page provides a flowchart diagram summarizing all the indicators by colour codes. Having all the indicators on one page makes it easy for the reader to have a quick snapshot of the indicators. The colour codes are used as a user-friendly and visual way for the reader to understand how the RHA is performing for each of the indicators. A sample of the summary indicator page for each of the Scorecards can be found in Appendix D.

Colour Codes ratings are as follows:

- ❑ Blue – Optimal
- ❑ Green – Good, ongoing Continuous Quality Improvement
- ❑ Yellow – Warning; Room for Improvement
- ❑ Red – Trouble; Extensive Work required
- ❑ Black – In Development/ Progress being made

3. Detailed Indicator Pages

The detailed indicator page provides the detail to the document and helps the reader understand what the indicator means. It provides a summary for each indicator outlining:

- ❑ To what Board Ends and AIM Dimension the indicator relates to
- ❑ Data source
- ❑ Reporting period
- ❑ Definition
- ❑ Results and Interpretation
- ❑ Rating
- ❑ Action Plan

A sample of a detailed indicator page for each of the scorecards is found in Appendix E.

4. Red Item Status Report

If any of the indicators are rated as a RED item, a Red Item Status Report is provided to the Board outlining the progress that is being made. A Status Report is required until it is deemed that the progress has been made. A sample of a red item status report is found in Appendix F.

Appendix A

Manitoba's Health Performance Measurement Dimensions

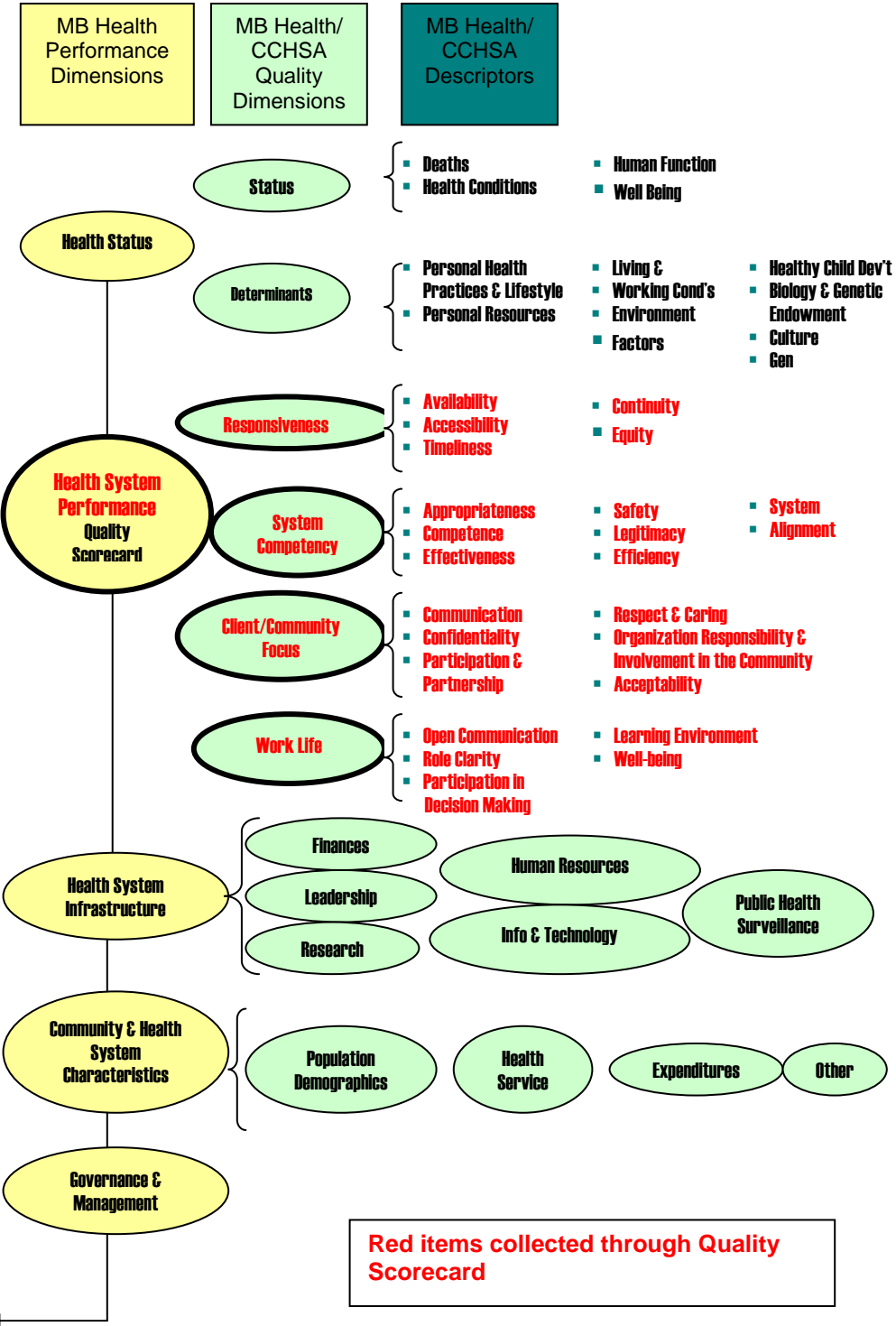
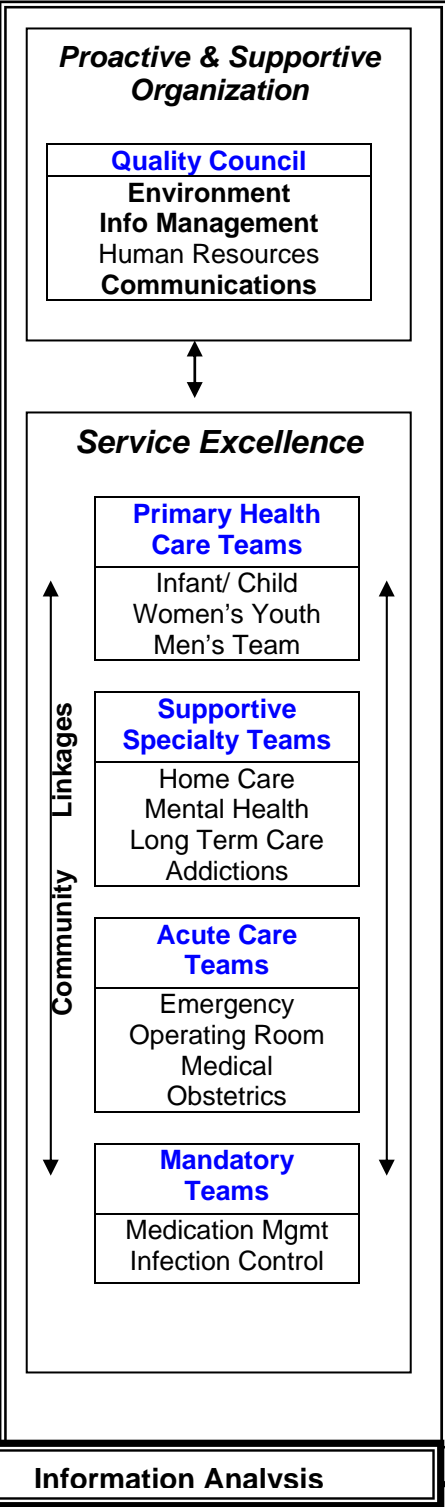
Health Status and Determinants						
<u>Status</u>						
Deaths	Health Conditions	Human Function	Well-being			
<u>Determinants</u>						
Personal Health Practices & Lifestyle	Personal Resources	Living and Working Conditions	Environmental Factors			
Healthy Child Development	Biology & Genetic Endowment	Culture	Gender			
Health System Performance						
<u>1. Responsiveness</u>						
Availability	Accessibility	Timeliness	Equity			
<u>2. System Competency</u>						
Appropriateness	Competence	Effectiveness	Safety			
Legitimacy	Efficiency	System Alignment				
<u>3. Client/Community Focus</u>						
Communication	Confidentiality	Participation and Partnership				
Respect and Caring	Organization Responsibility and Involvement in the Community	Acceptability				
<u>4. Work Life</u>						
Open Communication	Role Clarity	Participation in Decision Making				
Learning Environment	Well-being					
Note: The following dimensions ("Health System Infrastructure" and "Community & Health System Characteristics") may reflect expectations, indicators or measures, or provide useful contextual information						
Health System Infrastructure						
Finances	Human Resources	Leadership	Information & Technology	Physical Structure & Equipment	Public Health Surveillance	Research
Community and Health System Characteristics						
Population Demographics	Health Service Utilization (Rates)	Expenditures (Rates)		Other		

Appendix B
NRHA Quality Management
Framework

COMMUNITY INPUT – COMMUNITY HEALTH ASSESSMENT

Effective & Sustainable Governance

- Strategic Plan
- Mission
- Values
- Board Ends
- Strategic Priorities



MB Health Performance Dimensions

MB Health/ CCHSA Quality Dimensions

MB Health/ CCHSA Descriptors

- Deaths
- Health Conditions
- Human Function
- Well Being
- Personal Health Practices & Lifestyle
- Personal Resources
- Living & Working Cond's
- Environment
- Factors
- Healthy Child Dev't
- Biology & Genetic Endowment
- Culture
- Gen
- Continuity
- Equity
- Safety
- Legitimacy
- Efficiency
- System Alignment
- Respect & Caring
- Organization Responsibility & Involvement in the Community
- Acceptability
- Learning Environment
- Well-being

Red items collected through Quality Scorecard

INDICATORS
MB Health
RHA
CQI Team

Appendix C

Vital Statistics Page (the front page)

The first page, which we named “Vital Statistics”, provides the reader with some data and/or information that is pertinent to the AIM dimension. Sample of a Vital Statistics page found in the Appendices for:

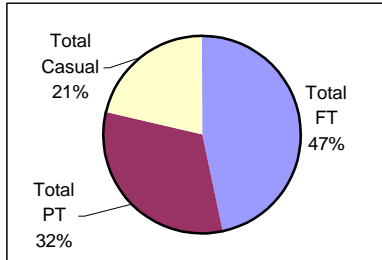
- Work life



QUALITY SCORECARD WORK LIFE: VITAL STATISTICS DECEMBER 2006

(Statistics for April 1, 2005 to March 31, 2006)

TOTAL EMPLOYEE COUNT



Total Employee Count	925
Total Full-Time	432
Total Part-Time	295
Total Casual	198

STAFF PROFILE BY GENDER

Male= 9.5%
Female= 90.5%

% UNIONIZED STAFF

MB = 89%
NRHA = 93%

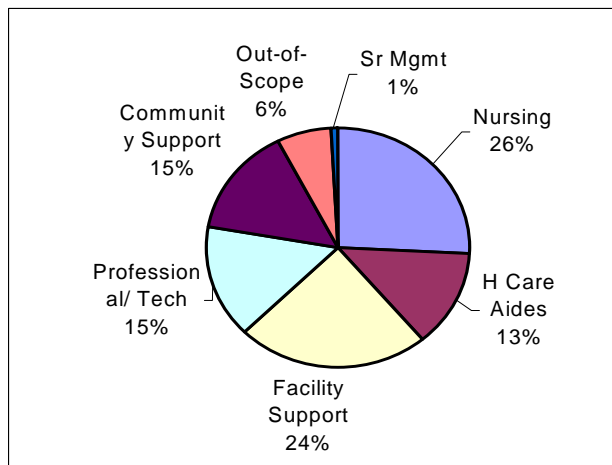
PHYSICIAN PROFILE

Physician Type	The Pas	Flin Flon	Snow Lake
GP	5	6	2
GP/ Surgeon	1	1	0
GP/ OBS	1	1	0
GP/ Anesthesia	locum	2	0
Radiology	1	1	0

Regional Physicians:

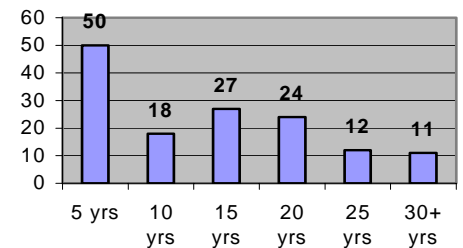
*GP/Obstetrics -0 *Internal Medicine -1
*Psychiatry -1 *Pediatrician - 1
*Medical Officer of Health - itinerant

REGIONAL STAFFING PROFILE



EMPLOYEE FACTS

2006 Years of Service Awards



Average Age of Employees

NRHA = 45.8 years
MB Healthcare Average = 43.53 years
MB = 42.97 years

Average Years of Service

NRHA = 10.5 years
MB Healthcare Average = 9.05 years
MB = 9.79 years

Perfect Attendance Award 2005

$\frac{47 \text{ employees}}{727 \text{ eligible employees}} =$

6.4%

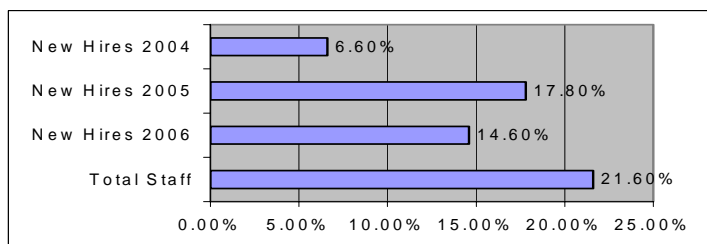
REGIONAL RETIREMENT PROFILE

50 potential retirements = **5.4%**
925 eligible employees

VOLUNTEER HOURS

3157

% WORKFORCE SELF-DECLARED ABORIGINAL



Average Vacation/Employee

5.6 weeks

Appendix D

Summary Indicator Page (page two)

The second page provides a flowchart diagram summarizing all the indicators by colour codes. Having all the indicators on one page makes it easy for the reader to have a quick snapshot of the indicators. The colour codes are used as a user-friendly way for the reader to understand how the RHA is performing for each of the indicators. Colour codes ratings are as follows:

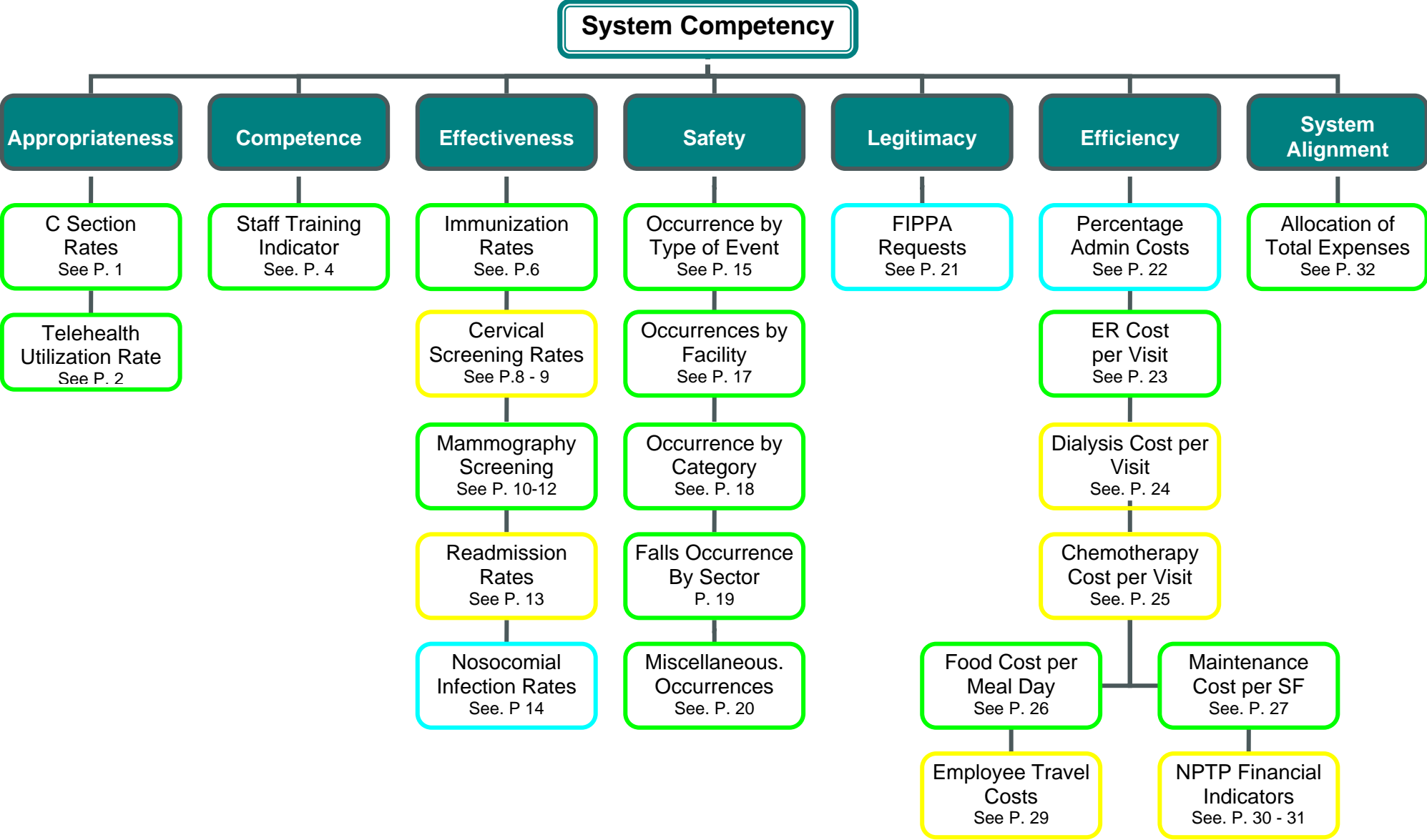
- Blue – Optimal
- Green – Good; ongoing Continuous Quality Improvement
- Yellow – Warning; Room for Improvement
- Red – Trouble; Extensive Work required
- Black – In Development/ Progress being made

In Appendix D you will find a sample of the summary indicator page for each of the following Scorecards:

- System Competency

Quality Scorecard: System Competency

October 2007



Quality Scorecard - Detailed Indicator Page

Appendix E

Detailed Indicator Pages

The detailed indicator page provides the detail to the document and helps the reader understand what the indicator means. It provides a summary for each indicator outlining:

- ❑ To what Board Ends and AIM Dimension the indicator relates to
- ❑ Data source
- ❑ Reporting period
- ❑ Definition
- ❑ Results and Interpretation
- ❑ Rating
- ❑ Action Plan

A sample of a detailed indicator page is found in Appendix E.

Quality Scorecard - Detailed Indicator Page

Date: October 2007
AIM Dimension: Effectiveness
Board End: Healthy People
Reporting Period: 1999 - 2007

Scorecard Area: System Competency
Reporter/S ource: MB Breast Screening Program (MBSP)

Indicator Name: **Mobile Breast Screening Rates**

Definition: % of women aged 50 to 69 years who participated in the MB Mobile Breast Screening program by community over two year time period.

Results:
Interpretation:

Rating: Green

Community	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007
Flin Flon	72%	73%	61%	62%	66%	65%	64%
Channing	50%	50%	36%	25%	46%	58%	46%
Cormorant	50%	46%	32%	50%	54%	61%	63%
Cranberry	73%	61%	52%	46%	50%	52%	56%
Sherridon	33%	33%	17%	46%	33%	0%	14%
Snow Lake	73%	77%	55%	59%	58%	69%	61%
Wanless	44%	50%	44%	58%	65%	60%	71%
The Pas	60%	63%	60%	60%	54%	52%	62%
OCN	-	73%	68%	67%	57%	63%	62%
Moose Lake	75%	70%	46%	63%	50%	51%	66%
Easterville	54%	58%	42%	52%	53%	52%	60%
Grand Rapids	52%	58%	40%	44%	44%	46%	39%
Pukatawagan	81%	68%	35%	48%	43%	59%	58%
Regional Total	65%	67%	57%	58%	57%	57%	61%

The blue highlighted numbers above show the communities that were able to achieve the Canadian goal of reaching 70% of the population of women aged 50 to 69 years every two years.

The 2007 Manitoba Breast Screening report reveals a 61% 2-year participation rate in the NOR-MAN region; this is a 4-% increase from two years ago and a 3% increase over last year.

In 2007, an increase in the participation rate was reached in 7 communities and a record 657 NOR-MAN women were screened on the mobile. This is an increase in attendance of 178 women from 2 years ago. Appointments were increased in the communities of Flin Flon and The Pas during 2007. Again as in the past, Health staff from Cormorant, Moose Lake, Easterville, and Opaskwayak Cree Nation organized group appointments to The Pas, which helped improve screening attendance from their communities. Of note, is the fact that our population of women 50 to 69 years of age grew by 204 since September 2005, which lessens the impact additional appointments, has had on our participation rate.

Action Plan: Continue to monitor indicator. Continue to partner with the MB Mobile Breast Screening Program to promote this program in order to reach the target of 70% of the population of women 50 to 69 years every 2 years.

Mobile units will be visiting the communities of Flin Flon, Snow Lake, Pukatawagan, Grand Rapids and The Pas during the summer of 2008. Primary Health Care staff to continue to promote breast health and screening year round.



NOR-MAN Regional Health Authority Quality Scorecard Red Item Status Report

Appendix F

Red Item Status Report

If any of the indicators are rated as a RED item, a Red Item Status Report is provided to the Board outlining the progress that is being made. A Status Report is required until it is deemed that the progress has been made. A sample of a red item status report is found in Appendix F.



NOR-MAN Regional Health Authority Quality Scorecard Red Item Status Report

Date:	September 2003	Scorecard Area:	WORK LIFE
Indicator Type:	Retention	Reporter:	Wanda Reader
AIM Dimension:	Role Clarity/ Communication		Human Resources CQI
Reporting Period:	Fiscal Year 2001-02 vs. 2002-03		
Indicator Name:	Performance Appraisal Rate		
Definition:	<u># of staff with current evaluation</u> total # full and part-time employees		
Results:	2001-02: $\frac{181}{632} = 28\%$ 2002-03: $\frac{363}{669} = 39.3\%$		
Interpretation:	Initial Scorecard (September 2001) reported Performance Appraisal rates at 10% in. Rates are steadily increasing.		
Actions to Date:	<ol style="list-style-type: none"> 1. HR CQI Team continues to evaluate Performance Appraisal systems. A subcommittee has been established to review evaluations and select process. 2. Target training for Managers in November 2003 3. Continue to send reminders to managers. 		