

## **Our Health Care Report Card**

| Abbotsford Regional Hospital | Fiscal Period: FP11, 2021/22 - Ending Feb 03, 2022 |
|------------------------------|--|
|                              |  |

| No   | Measure Name   | Time Frame                 | Target         | Actual    | Status       | Preferred Direction |
|------|--|----------------------------|----------------|-----------|--------------|---------------------|
|      | QUALITY AND SAFETY   |                            |                |           |              |                     |
| 1    | In-Hospital Clostridioides Difficile Infection (CDI) Incidence             | Apr 1, 2021 - Feb 3, 2022  | 4.5            | 4.9       |              | •                   |
| 2    | In-Hospital Methicillin-Resistant Staphylococcus aureus (MRSA) Incidence   | Apr 1, 2021 - Feb 3, 2022  | 5.5            | 4.0       |              | Ψ                   |
| 3    | Hand Hygiene Compliance  | Apr 1, 2021 - Feb 3, 2022  | 80%            | 83.7%     |              | <b>1</b>            |
| 4    | In-Hospital Sepsis Rate  | Apr 1 - Dec 9, 2021        | 2.9            | 4.7       | •            | •                   |
| 5    | In-Hospital Acquired Delirium  | Apr 1 - Dec 9, 2021        | 6.9            | 12.9      | •            | Ψ                   |
| 6    | In-Hospital Acquired Non-Aspiration Pneumonia                              | Apr 1 - Dec 9, 2021        | 6.8            | 9.5       | •            | •                   |
| 7    | In-Hospital Acquired Urinary Tract Infection                               | Apr 1 - Dec 9, 2021        | 10.0           | 14.1      | •            | Ψ                   |
| 8    | Hospital Standardized Mortality Ratio                                      | Apr 1 - Sep 30, 2021       | 93             | 111       | •            | •                   |
|      | CAPACITY FOR CARE ACROSS ALL SECTORS                                       |                            |                |           |              |                     |
| 9    | Emergency Patients Admitted to Hospital Within 10 Hours                    | Apr 1, 2021 - Feb 3, 2022  | 65.0%          | 24.1%     | •            | <b>1</b>            |
| 10   | Admitted Patients Waiting for Inpatient Bed Placement                      | Apr 1, 2021 - Feb 3, 2022  | 12.0           | 37.7      | •            | Ψ.                  |
| 11   | Patients Length of Stay Relative to Expected Length of Stay                | Apr 1 - Jun 30, 2021       | 0.95           | 0.91      |              | •                   |
| 12   | Long Stay Patients   | Apr 1, 2021 - Feb 3, 2022  | N/A            | 23.9      |              | Ψ.                  |
| 13   | Alternate Level of Care (ALC) Days   | Apr 1 - Dec 9, 2021        | 12.9%          | 4.6%      |              | Ψ.                  |
| 14   | Non-emergency Surgeries Completed Within 26 Weeks                          | Apr 1, 2021 - Feb 3, 2022  | 95%            | 81.4%     | •            | <b>1</b>            |
| 15   | Non-Emergency Surgeries Waiting Longer Than 26 Weeks                       | Apr 1, 2021 - Feb 3, 2022  | 22.8%          | 37.8%     | •            | •                   |
|      | STAFF  |                            |                |           |              |                     |
| 16   | Nursing and Allied Professional Sick Time                                  | Apr 1, 2021 - Feb 3, 2022  | 5.8%           | 6.2%      |              | •                   |
| 17   | Nursing and Allied Professional Overtime                                   | Apr 1, 2021 - Feb 3, 2022  | 3.9%           | 8.4%      | •            | Ů.                  |
| 18   | Lost Time Claims Rate  | Apr 1 - Sep 30, 2021       | 5.3            | 7.7       | •            | ų.                  |
|      | BUDGET ACCOUNTABILITY  |                            |                |           |              |                     |
| 19   | Budget Performance Ratio   | Apr 1, 2021 - Feb 3, 2022  | 1.000          | 1.107     | •            | •                   |
| Abl  | potsford Community   | •                          |                |           |              |                     |
| 1    | Worsened Pressure Ulcer in Long Term Care Facilities                       | Apr 1 - Dec 31, 2021       | 1.6%           | 2.3%      | <b>•</b>     | •                   |
| 2    | Hospitalization Rates for Residents (Age 70+)                              | 2020/2021                  | 238.0          | 244.7     |              | ų.                  |
| 3    | Hospital Readmission Rates Overall   | Apr 1 - Jun 30, 2021       | 10.0%          | 11.8%     | <b>•</b>     | •                   |
| 4    | Mental Health & Substance Use Patients Hospital Readmission Rate (Age 15+) | Apr 1 - Jun 30, 2021       | 13.3%          | 14.0%     |              | •                   |
| 5    | Patients with Chronic Conditions Admitted to Hospital (Age 75+)            | Apr 1 - Jun 30, 2021       | 3,448          | 2,733     |              | <u> </u>            |
| 6    | Low Acuity Emergency Visits by Community                                   | Apr 1, 2021 - Feb 3, 2022  | 100.0          | 100.03    |              | •                   |
| 7    | Home Health Services Provided Within Benchmark Time                        | Apr 1, 2021 - Feb 3, 2022  | 50%            | 63.6%     |              | 1                   |
| 8    | Wait Time for Home Health Assessment (RAI-HC)                              | Apr 1, 2021 - Feb 3, 2022  | 30.0           | 16.2      |              | •                   |
| 9    | Admissions to Long Term Care within 30 Days                                | Apr 1, 2021 - Feb 3, 2022  | 75%            | 77.7%     |              | 1                   |
| 10   | Emergency Visits by Home Health Clients                                    | Dec 11, 2020 - Dec 9, 2021 | 75.8           | 85.7      | •            | •                   |
| 11   | Emergency Visits by Long Term Care Clients                                 | Dec 11, 2020 - Dec 9, 2021 | 30.0           | 42.1      | •            | •                   |
|      |  |                            |                | KPI Cou   | ınt By Statu | s                   |
|      | _  |                            | Meeting Target |           |              | 8                   |
| Note | s  |                            | Within 10%     | of Target |              | 5                   |
|      |  |                            |                |           | •            | •                   |

All measures reported on YTD (Year-to-Date) basis

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Not Meeting Target