

Balanced Scorecard 2011

Sixth Edition

*A performance measurement tool to
demonstrate public accountability for
competent regulatory and business practices*

College of Physiotherapists of Ontario

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Table of Contents

Introduction	4
Definition & Purpose	5
History	6
Organization Platform	6
Scorecard Strategy Map	9
Programs & Processes	10
Reporting Tools and Indicators	12
Integrating into Monthly, Quarterly and Annual Processes	13
Appendix I: Monthly Indicator Tracking Tool	15
Appendix II: Scorecard Dashboard and Indicators Report	16
Appendix III: Scorecard Indicators Table	17
Appendix IV: Developing an Indicator	27
Appendix V: Glossary of Terms for Performance Measurement System	29

INTRODUCTION

In 2005, the Council of the College of Physiotherapists of Ontario introduced the Balanced Scorecard as one tool to assist in measuring its performance related to its public accountability for competent regulatory and business practices. The Scorecard provides a consistent and regular approach to measuring key indicators of performance both within its legislative mandate and against set strategy goals.

Scorecard indicators and the dashboard are reviewed regularly, not less than annually, and adjustments are made to ensure the greatest value from the data. The Scorecard is operationalized at all levels of the organization and reports are provided to Council quarterly. Overall performance is reported annually to the public.

This document serves to provide a historical perspective on public accountability and measurement at the College. Additionally it links the reader to the most current versions of our measurement tools.

DEFINITION AND PURPOSE

A Balanced Scorecard is described as “an integrated framework for describing and translating strategy through the use of linked performance measures in four balanced perspectives that are typical of all Balanced Scorecard models: Enablers, Internal, Resources and Stakeholder.

1. **Enablers:** Addresses key foundational elements the College must facilitate related to people, organizational culture/values and information technology.
2. **Internal:** Addresses the question “what must our internal processes be to achieve our strategy?”
3. **Resources:** Addresses use of both financial and human resources.
4. **Stakeholders:** Addresses what our stakeholders expect from us in the areas of products/services, image and relationships.

“The Balanced Scorecard acts as a measurement system, strategic management system and a communication tool.”¹

There are five types of Balanced Scorecards.

1. Valuation – most often shareholder facing
2. **Navigation – monthly, forward facing, internal focus**
3. Compensation – outcome focused
4. Benchmarking – comparing against performance of others, external focus
5. Evaluation – annual, reporting upstream

The College utilizes a navigation approach.

The Balanced Scorecard is a performance measurement and reporting system that:

- provides Council and staff with information on where the College exceeds, meets or falls below expectations in critical areas of strategic and operational performance;
- measures progress in building a high performance organization and assists with alignment of structure and process;
- provides information to facilitate selecting the right performance improvements to reach defined outcomes; and
- provides the potential for benchmarking or comparing best practice with similar organizations.¹

¹Niven, Paul R. Balanced Scorecard Step-by-Step for Government and Nonprofit Agencies, p. 293

HISTORY

In 2004 the College embarked on an ambitious strategy plan which included as one of its four overarching objectives:

“To demonstrate public accountability through performance measurement”

The articulated vision for this objective was also contained within the framework and cited the following impact opportunities:

By 2007

- Data supported decision-making is a way of life for staff, committees and Council. Information about key strategic performance areas and core business areas is accessible to inform decision making. Reliance on informed opinions and perceptions is counterbalanced with access to quality information. New projects are aligned to the corporate strategy and analyzed for their strategic value in closing a performance gap and for the intensity resource requirements, prior to initiation, and evaluated for their outcomes on completion. The College’s Annual Report and other publications report on performance in all key domains.
- The College will play a leadership role in public accountability and performance measurement across the Federation of Health Regulatory Colleges of Ontario and with regulatory groups across Canada. Performance measurement focuses on measuring and reporting on the critical aspects of regulatory accountabilities. Council and staff have timely data and analysis to implement continuous quality improvement activities in areas of the core business. The performance management system will assist the College in responding to external review.

To achieve this outcome Council selected a Balanced Scorecard approach and set a two year window for phased implementation. With the assistance of external consultants the first scorecard was built with two dashboards; one focused on operations, the other on governance. College programs then took these indicators and developed evaluation mechanisms to meet the objectives set.

Two project teams participated in the early development of the balanced scorecard. The primary role of the Executive Scorecard Team, comprised of senior leaders from Council and staff, was to build the strategy map, approve key deliverables and to provide project direction. The Rapid Scorecard Team, comprised of staff leaders of core College program areas, received the strategy map and definitions from the Executive Scorecard Team and built the remainder of the processes honoring the intent of the Executive Scorecard Team.

It was acknowledged early in the process that the strategy map and the indicators would evolve over time, maturing as the College gains experience and receives feedback from stakeholders. The need for ongoing review and update of the Scorecard to maintain its utility is paramount.

ORGANIZATION PLATFORM

A platform and common language associated with implementing this performance measurement tool are critical elements in providing Council and staff with clear direction.

The scorecard platform is anchored to the College’s current strategic plan and as a result is reviewed and revised periodically to ensure alignment.

The following section presents the current platform for the Balanced Scorecard.

i) Vision Statement

Innovative Regulatory Leadership Promoting a Healthier Ontario

The Vision pulls the College's performance forward. The vision is strategic in nature and relates more to the how we do things not what we do.

ii) Mission Statement

To protect and serve the public interest by promoting collaboration and accountability for self regulation, and enabling a culture of continuous improvement to ensure that physiotherapists provide competent and ethical services.

The mission statement addresses the mandate of the College or what the College must accomplish in its day-to-day work. It provides framing to define essential outcomes protecting and serving the public and ensuring that physiotherapists provide high quality, competent and ethical services. The Mission is linked to the statutory objects of the College as defined in the Regulated Health Professions Act (RHPA 1991).

iii) Values

The values of the College underpin both the mission and vision, and are a critical element of the framework as they shape the culture of the organization. Our values are defined as:

- | | |
|---------------|--|
| Proactive | <ul style="list-style-type: none">• reflecting on current operations, policies, ways/methods of doing things which allow us to continue to evolve• researching and monitoring trends and anticipating what is to come• promoting a responsive customer service environment |
| Innovative | <ul style="list-style-type: none">• seeking alternative ways to improve and enhance our programs and processes for all stakeholders• exploring solutions to identified risks and opportunities, and confidently proposing new ideas• keeping an open mind and always learning |
| Collaborative | <ul style="list-style-type: none">• recognizing the impact of our work on others with respect to deadlines, priorities, and communication• identifying issues and initiatives which provide opportunities to collaborate with others both internally and externally• being available when others need support, resources and/or expertise and acting on opportunities to contribute• recognizing that collaboration may transcend job description |
| Accountable | <ul style="list-style-type: none">• performing ongoing evaluation of all areas of our work and reporting the results• investigating and implementing systems of measurement• promoting and aligning our commitment to the mission and vision |
| Transparent | <ul style="list-style-type: none">• ensuring all information is relevant, accurate, timely, honest and complete• allowing, seeking, and considering the perspective of others• reporting publicly on our standards, procedures and outcomes including our opportunities to improve. |

Both councillors and staff are accountable for ensuring the values are consistently apparent in all College business relationships and processes.

iv) Public Interest Definition

To stay rooted in its mandate, the College has several core documents which foster the definition of public interest in a regulatory mandate.

Three reference documents are used by the College to facilitate acting in the public interest:

1. Guidelines for Assessing Public Interest – Rod Hamilton, Associate Registrar Policy
2. A Tool to Facilitate Decisions Related to Public Interest – Canadian Alliance of Physiotherapy Regulators, 2004
3. Public Interest Decision Making Checklist

v) Strategic Plan

A current Strategic Plan defines the organization's strategic objectives which give energy and focus to College activities. These objectives are met through tactical plans monitored by Council, staff and the Scorecard.

vi) High Performing Organization

The College strives to be a high performing organization and has implemented strategies to build the capacity.

The four high performance strategies are:

1. Business Strategy – creating a shared purpose and long term direction that guides decision making
2. Human Resource Strategy – empowering capable and motivated Council and staff
3. Organization Strategy – aligning structure and processes
4. Information and Technology Strategy – ensuring accessible information and evidence to guide decision making

v) Definition of High Level Success

The following definition of a successful organizational outcome for the College guides Council and staff in their collaborative work to achieve the articulated mission and vision

The College of Physiotherapists is an organization publicly known for its strategic leadership in professional self-regulation. It is governed and staffed by a competent and capable team that thrives in a best practice and accountability driven environment. The College is a model for others and all partners are satisfied with its current performance and future vision.

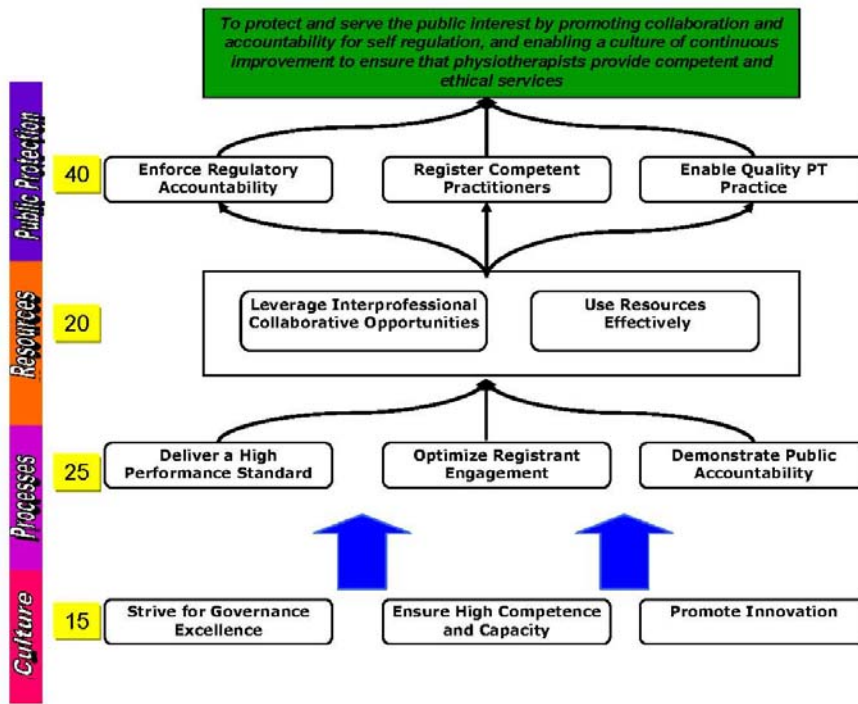
The College is viewed as fair and cost effective within its mandate. Physiotherapists actively use the College resources in practice; the public consistently recognizes the College as advocating for and investing in safe, quality physiotherapy practice.

THE SCORECARD STRATEGY MAP

The strategy map is a core tool of the Balanced Scorecard. The eleven rectangles within the strategy map communicate the focus of the College to ensure high performance in the key areas identified. The Strategy Map provides a framework for monitoring and measuring organizational performance and provides the foundation for the selection of performance indicators. The scorecard strategy map provides clear focus on mandate and specific areas of annual emphasis.



2011/2012 STRATEGY MAP – EMPHASIS TOOL



2011/2012
Emphasis will be on:

1. Scope of Practice and Authorized activities
2. Patient Safety Program
3. New Registration Categories
4. Continuous Improvement Culture in Quality Management
5. Communications campaigns on confidence and value
6. Initiating a formal Research agenda
7. Resource Development – space and staff teams
8. Internal Audit process implementation

(all quadrants engaged)

In a descriptive format the College's strategy map fortifies its mission by:

Creating and expecting a culture of governance excellence that focuses on the competence and capacity of Council and staff which promotes innovation in its initiatives.

Delivering its business practices at the level of high performance, engaging registrants and demonstrating its accountability to the public.

Utilizing its human and financial resources effectively, enhanced by Interprofessional collaborative opportunities to achieve strong outcomes.

Meeting the expectations of our stakeholders by registering competent physiotherapists, enforcing practice standards and assuring the quality practice of physiotherapists.

PROGRAMS & PROCESSES

College Core Processes for Organization and Governance

One of the four standard quadrants of the Balanced Scorecard is the process quadrant. A process is a core activity that is ongoing and relates to input, output and outcomes. The process may have a process manual but not necessarily. Measures in this quadrant are used to monitor the effectiveness of key processes the organization must excel at to continue adding value for stakeholders, given the finite resources available.

College core processes include:

1. Governance Excellence
2. Registration
3. Investigations
4. Hearings
5. Sexual Abuse Prevention
6. Quality Management Program
7. Mediated Resolution Process
8. Standards and Policy Development
9. Communication
10. Registrant support and education
11. French Language Services
12. Stakeholder and Network development/representation
13. Customer Excellence
14. Tracking, trending and environmental scanning
15. Risk Management
16. Evaluation and quality control
17. Finance
18. Human resources
19. Information technology
20. Performance measurement and public reporting

Projects, Initiatives and Activities

Projects and activities are undertaken by the College to close a performance gap. The size of the project is not relevant. A project could become a process on completion. Within a project, achievement is measured. The list of projects, initiatives and activities is dynamic.. Projects, initiatives or activities on the list are regularly weighted and ranked into high, medium and low priority by senior staff with input from Council to facilitate planning. In ranking these items, the team considers the broader environment, the intensity of the resource requirement, opportunity for partnership(s), and the potential to leverage the mandate of the College.

College Key Areas

The definition of a key area accepted by Council is an organized set of activities managed towards meeting a particular set of goals which contribute to the College mission, overarching College goals and the desired organizational outcomes.

A key area has the following characteristics:

- **Ongoing in nature, with no defined beginning or end**

This characteristic distinguishes between a project which is goal focused, time limited with a beginning and end. A project is most often initiated to close a performance gap. Some projects may be linked to key areas.

- **Contributes to meeting the overarching College mandate and desired organizational outcomes**

This characteristic recognizes that a key area supports the College to meet the mission statement objects. It also provides clarity for the responsibility of statutory committees linked to key areas and for staff accountabilities.

- **Has dedicated financial resources to support delivery**

This characteristic forces the program element to be significant enough as to warrant resources and stimulates deliberation about sub-elements or components of key areas.

- **May have components with distinct goals. The components may be a service (i.e. Practice Advice), an intervention (i.e. Remediation) or an approach used (i.e. Alternative Dispute Resolution).**

This characteristic recognizes that key areas may have significant or substantial components which may be a service, intervention or a tool. It provides flexibility to cluster components that appear to fit together either because the governance structure oversees multiple aspects of a key area or because they are interrelated or part of a continuum for the registrant.

Using the preceding definition of a key area the College currently has identified four key areas:

1. Entry to Practice
2. Quality Management
3. Professional Conduct
4. Professional Practice, Standards and Policy

Each of the four key areas is described below:

1. **Entry to Practice includes the development, implementation and review of relevant legislation, regulations, policies and procedures related to registration. Components include: pre-registration, first time registration and annual registration, professional corporation registration, jurisprudence education, initiatives related to internationally educated physiotherapists, the provision of data to provincial and federal health human resources databases, and reporting to the Office of the Fairness Commissioner.**
2. **Quality Management includes both quality improvement and quality assurance activities designed to promote ongoing learning, competence and improvement. Activities include: providing tools to facilitate self assessment and allow demonstration of continuing competence (practice reflection); evaluating/ measuring individual performance against standards (practice assessment), and coaching for improvement when necessary (practice enhancement). Trained physiotherapist peers are used in the assessment and improvement phases.**
3. **Professional Conduct includes the receiving of complaints, mandatory reports, inquiries for possible action (up to and including discipline), and the resolving of such matters in keeping with the mandate of the RHPA. Where required it includes remediation programs for members who need support in order to meet the standards of practice of the profession. PC also receives inquiries related to non members who are holding themselves out as members.**

4. **Professional Practice, Standards and Policy includes the management of a robust standard policy and regulation setting process based on practice and an environmental scanning process that supports these activities, the provision of a practice advisory service, the provision of resources and support to registrants on practice standards and regulation, and an overarching evidence informed regulatory policy framework.**

REPORTING TOOLS AND INDICATORS

One common template is used for reporting organizational and program performance. The templates found in the appendices: Appendix I: Monthly Indicator Tracking Tool; [insert ...].

Key reporting factors:

- Indicators, at maximum have a three-word title for quick identification
- Indicators are reported monthly when relevant and rolled up to quarterly reports
- Indicators for quarterly reports will be aggregated when applicable to more than one program area
- Analysis under the headings “What” “So What” and “Now What” is completed each time the indicator is reported
- The target is defined using color coding of green, yellow and red along with text to facilitate at-a-glance interpretation

Monthly Indicator Tracking Tool (Appendix I)

This tool reports on monthly performance for one indicator for the current year and as comparison for the previous 12 month period if available. This allows for benchmarking against our own performance and clarity in trends for the indicator.

Scorecard Dashboard (Appendix II)

This table reports quarterly results utilizing the indicator title and the color code reflective of the performance that quarter. The table has the capacity to display Q1, Q2, Q3, Q4 and the same quarter the previous year.

Scorecard Indicators Table (Appendix III)

Four columns on the left side of the table describe the indicator title, definition, target, and rationale which likely will be consistent for one year. Each quarter the two right hand columns are completed to report the score and analysis for each indicator to Council. Some indicators present an aggregated view.

INTEGRATING MONTHLY, QUARTERLY, SEMI ANNUAL AND ANNUAL PROCESSES

The Registrar has overall accountability for ensuring the execution of the strategy initiatives, the overall performance of the College, reporting to Council and external to the organization. Staff members are assigned accountability for an indicator(s) and manage the internal scorecard process including collecting, analyzing and reporting on the indicators of success. The majority of operations indicators are collected on a monthly basis; all others are collected quarterly.

The biweekly planning meetings of senior staff are the forum for discussion, cross functional planning and evolution of the Balanced Scorecard. Discussion focuses on:

- analysis of performance related to our indicators of success. Indicators are collected either monthly or quarterly.
- semi-annual update of the Projects and Activities Spreadsheet and core process lists.
- semi-annual weighting the emphasis of our effort in the strategy map

BALANCED SCORECARD ANNUAL CRITICAL PATH

Quarter	Lead reports to Operations Planning	Draft Council Report to Operations Planning	Registrar Report to Council
Q1: April, May, June	July – off site	August	September
Q2: July, Aug, Sept	Oct – on site	November	December
Q3: Oct, Nov, Dec	Jan – on site	February	March
Q4: Jan, Feb, March	April – on site	May	June

Monthly or Quarterly Data Collection and Report on Indicators of Success

1. Each month staff run indicator reports from the College database program and gather any other data relevant for the indicators for which they are responsible.
2. The staff lead person for the indicator reports the performance result and the team's analysis to their direct report. The Registrar reviews all results.
3. Each quarter, the month prior to Council, the Registrar circulates the draft Council Report for broader discussion and analysis at the Operations Planning meeting.
4. Actions related to indicators are noted in the Operations Planning notes and is followed up by the lead person.
5. The Registrar informs the Council of performance flags identified in discussion.

Quarterly Report to Council

The Balanced Scorecard Report is a section within reporting related to the Current Environment Analysis. Council provides direction as necessary.

Semi-Annual Review

Senior staff meet twice a year to review six months of performance data to determine if the accuracy of targets with indicators and projects.

- to discuss trends and targets
- to update project lists
- to update core processes
- to weight our emphasis of effort over the upcoming six months in the strategy map

All relevant changes are brought forward to Council for consideration.

Appendix I: Monthly Indicator Tracking Tool

Balanced Score Card Indicator Tracking Tool Team name:
Quadrant:
Indicator Name:
Reporting Frequency:

Definition:

Indicator Purpose:

Calculation Methodology:

Denominator:

Numerator:

Target:

Green

Yellow

Red

Data:

	April	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
10/11												
11/12												
Actual #s												

Chart or other graphic if relevant :

Interpretation:

Color Assigned:

What:

So what:

Now What:

<u>Prepared by:</u>	<u>Date:</u>	<u>Reported Month</u>

Appendix II: Scorecard Dashboard and Indicators Report 2011

Public Protection Quadrant						
FYXXXX/XX						Q # YEAR
INDICATOR		Q1	Q2	Q3	Q4	
Statutory Obligations	Notice					
	Appeals					
	Mediated Resolutions					
	Case Disposition					
	Decisions					
	Quality and Safety					
	Interprofessional Collaboration					
Public Confidence	Patient Surveys					
	Communications Campaign					
	Public Reporting					

Resources Quadrant						
FYXXXX/XX						Q # YEAR
INDICATOR		Q1	Q2	Q3	Q4	
Budget						
Reserve						
Risk Management						
Technology	Technology Plan					
	External Support					
	New Technologies					

Process Quadrant						
FYXXXX/XX						Q # YEAR
INDICATOR		Q1	Q2	Q3	Q4	
Innovation						
College Programs						
Strategic Outcomes						
Registrant Engagement	A. Response Rate to College Initiatives					
	B. PT Using College Tools					
	C. Opportunities for Engagement					
	D. Council Members Elected					
	E. District Voting					
	F. PPN & Safety Champions Participation Rate					
	G. College E-mail Open Rate					
Customer Excellence						

Culture Quadrant						
FYXXXX/XX						Q # YEAR
INDICATOR		Q1	Q2	Q3	Q4	
Governance Excellence	Council Satisfaction					
	Code of Conduct					
	Councillor / staff relationships					
	Council/Non-Council members absence					
Organizational Health	Staff absence					
	Staff satisfaction					

Appendix III Scorecard Indicators Table 2011/12



Corporate & Governance Scorecard

Public Protection Quadrant						
Indicator Title	Indicator Definition	Target	Rationale	Score	Analysis	
STATUTORY OBLIGATIONS	Notice	# of individuals sent notice within statutory timeframe/ # of individuals requiring notice	Green – 100% of individuals have been sent notice within timeframes Yellow – 91% - 99% Red – ≤ 90%	Compliant with statutory requirement for procedural fairness		What: So What: Now What:
	Appeals	# of College decisions upheld/ # of appeal decisions received	Green – 100% decisions upheld Yellow ≥ 81- 99 % Red – ≤ 80%	Demonstrate consistent decision making and sound investigation processes		What: So What: Now What:
	Mediated Resolutions	# of times complainants and registrants choose an opportunity to participate in MRP / # of offers for MRP provided	Green – 75% - 100% choose to participate in MRP. Yellow – 51%- 74% Red – ≤ 50%	Compliant with Council direction related to statute		What: So What: Now What:
	Case Disposition	# cases closed within established standard for case type / # cases closed in quarter	Green – all compliant Yellow – 1 area ¹ not at standard Red – 2 areas not at standard and / or 1 area not at standard 2 nd consecutive quarter or more.	Compliant with statutory requirement & high performance		What: So What: Now What:

¹ Area = Professional Conduct, Entry to Practice, Quality Management

Public Protection Quadrant

Indicator Title	Indicator Definition	Target	Rationale	Score	Analysis
	# of times where HPARB was advised of a delay in the complaints process exceeding 150 days	Green – 0 Yellow – 1-5 Red – > 5	Compliant with statutory requirement		What: So What: Now What:
Decisions	# decisions issued within established standard / # of decisions to be released in quarter	Green – all compliant Yellow – 1 area not at standard Red – 2 areas not at standard and / or 1 area not at standard 2 nd consecutive quarter or more.	Compliant with statutory requirement & high performance		What: So What: Now What:
	# of QM referrals to practice enhancement/ # of assessments	Green – 3% or less of case files are referred to practice enhancement ² Yellow – 4-10% Red – > over 10%	Monitoring quality practice		What: So What: Now What:
	# of referrals to discipline/# of cases decided	Green – 5% or less of cases are referred to discipline annually Yellow – > 5% Red – no cases referred	Monitoring quality practice		What: So What: Now What:
	# of cases in ICRC with action taken/ # of cases decided	Green – 30% cases required action Yellow – 31 – 50% required action Red – > 50% required action	Monitoring quality practice		What: So What: Now What:
	# of cases requiring A&U ³ / # of cases considered	Green – < 25% of cases required an A & U Yellow – >26 – 40% of cases required an A & U Red – > 40% of cases required and A & U	Monitoring quality practice		What: So What: Now What:

² Baseline based on College experience and industry average

Public Protection Quadrant						
Indicator Title	Indicator Definition	Target	Rationale	Score	Analysis	
Quality and Safety	# of cases requiring additional A&U action beyond the initial A&U/ # of cases with an A&U	Green – 0% of A&Us required additional action Yellow – < 10% Red – > 11%	Monitoring quality practice		What: So What: Now What:	
	# of new policy initiatives ⁴ which are partnered/ # of new policy initiatives in quarter	Green – 50% of new strategic Council direction are inclusive of IPC opportunities Yellow ≥ 26-50 % Red – ≤ 25%	Compliant with statute and Council direction		What: So What: Now What:	
	# of new policy initiatives which seek and use key external stakeholder input/ # of new policy initiatives in quarter	Green – 80 - 100 % use stakeholder input Yellow – 50 – 79% Red – < 49%	Compliant with statute and Council direction		What: So What: Now What:	
PUBLIC CONFIDENCE	Patient Surveys	# of patients expressing confidence in physiotherapy care/ # of patients responding to the survey	Green – 85% - 100% of patients responding to the survey identified confidence factors Yellow – 61%- 84% Red – ≤ 60%	Compliant with vision	What: on hold So What: Now What:	
	Communications Campaign	# of registrants participating (ordering) public campaign material in quarter / # of registrants	Green – ≥ 10% of registrants participated (ordered) public campaign material Yellow – 4%- 9% Red – ≤ 3%	Compliant with Council direction	What: on hold So What: Now What:	
	Public ⁵ Reporting	# of reporting opportunities taken / # of public reporting opportunities	Green – 100% public reporting opportunities taken Yellow ≥ 81- 99 % Red – ≤ 80%	Compliant with statute and Council direction	What: So What: Now What:	

³ Include A&U's, SCERP, terms/limits/conditions, orders

⁴ A new policy initiative is defined as one emerging from the Strategy section of the quarterly Council agenda

⁵ Reporting consists of sharing information, Council decisions and outcomes broadly including sending annual report to Minister; posting Council decisions, and meeting notices; notice of upcoming hearings, public notices through insurance system, new policy updates, Balanced Scorecard, Strategic Plan Data, etc.

Resources Quadrant					
Indicator Title	Indicator Definition	Target	Rationale	Score	Analysis
Budget	cross corporate operations on target YTD actual / budget	Green – actual at budget or ≤ 19% below budget Yellow – actual ≥ 20% below budget Red – actual exceeds budget expenditure	Compliant with Council direction and fiduciary responsibility		What: So What: Now What:
	core business areas ⁶ on target YTD actual / budget	Green – actual at budget or ≤19% below budget Yellow – actual ≥ to 20% below budget Red – actual exceeds budget	Compliant with Council direction		What: So What: Now What:
Reserve	return on investment/ estimated return on investment	Green – 0 % - 10% below estimated return on investment Yellow – 11% - 20% below estimated return on investment Red – ≥ 20% below estimated return on investment	Compliant with Council direction		What: So What: Now What:
Risk Management	Risk Incidents	# of risk incidents identified in quarter Green - no risk incidents identified in quarter Yellow – 1-2 risk incidents identified in quarter Red – more than 2 risk incidents identified in quarter	Monitoring risk and liability		What: So What: Now What:
	Procurement	# of new contracts meeting policy requirements / # of new contracts Green – 100% of new contracts meet policy requirements Yellow ≥ 81- 99 % Red – ≤ 80%	Monitoring of policy compliance and risk		What: So What: Now What:

⁶ Include Professional Conduct, Entry to Practice, Quality Management, Professional Practice

Resources Quadrant					
Indicator Title	Indicator Definition	Target	Rationale	Score	Analysis
Technology	# of technology plan goals met/ # of technology plan goals set for the current quarter	Green – 100% of technology goals set for the current quarter were met Yellow – 90%- 99% Red – ≤ 89%	Compliant with Council direction		What: So What: Now What:
	# of projects requiring external consultant support / # of projects in progress in quarter	Green – 10 % of projects require external support Yellow – 11-25% of projects require external support Red – > 25 % of projects require external support	Monitoring of Human Resource needs		What: So What: Now What:
	# of opportunities taken to introduce new technologies to create greater efficiencies, preserve resources, or increase registrant, public, or stakeholder engagement / # of opportunities identified	Green – 85% - 100% of opportunities to create greater efficiencies, preserve resources, or increase registrant, public, or stakeholder engagement were taken Yellow – 61%- 84% Red – ≤ 60%	Compliant with high performance		What: So What: Now What:

Process Quadrant					
Indicator Title	Indicator Definition	Target	Rationale	Score	Analysis
Innovation	# of review of current processes resulting in measurable process improvements /# of process reviews performed	Green – ≥ 50% of process reviews performed resulted in process improvement Yellow ≥ 31% - 49% Red – ≤ 30%	Compliant with high performance		What: So What: Now What:

⁷ Please see Governance Policy 4.23 Risk Management for a list of risk factors

Process Quadrant					
Indicator Title	Indicator Definition	Target	Rationale	Score	Analysis
College Programs ⁸	# of program outcomes met in quarter / # of programs with goals set in quarter	Green – 90% - 100% of outcomes met Yellow – 75% – 89% Red – 74% or less	Monitoring budget compliance		What: So What: Now What
Strategic Outcomes	# of tactics meeting expected outcomes and timelines / # of tactics	Green – 90% - 100% of tactics on target Yellow – 75% – 89% Red – 74% or less	Compliant with high performance and Council direction		What: So What: Now What:
Registrant Engagement	A. Organizational (aggregate) "score" for response rate to College initiatives where the goal is to exceed targets	Green – > 0 Yellow – = 0 Red – < 0 <u>Scoring System:</u> When the response rate obtained for the initiative is above the targeted response rate, score is = 1 When the response rate obtained for the initiative is equal to the targeted rate, score = 0 When the response rate obtained for the initiative is below the targeted response rate, score is = -1	Monitoring registrant engagement		What: So What: Now What:
	B. # of physiotherapists utilizing College tools in practice/ # of physiotherapists who responded to the survey	Green – 75% - 100% of physiotherapists responding to the survey Yellow – 61%- 74% Red – ≤ 60%	Monitoring registrant engagement		What: So What: Now What:

⁸ College programs currently include Support Personnel, Patient Safety, and Transitioning to Professional Practice

Process Quadrant					
Indicator Title	Indicator Definition	Target	Rationale	Score	Analysis
	C. # of opportunities for registrant engagement with the College	Green – ≥ 3 in quarter Yellow – 1-2 Red – 0	Monitoring registrant engagement		What: So What: Now What:
	D. # council members elected / # council vacancies	Green – all Yellow – 1 with no election Red – 2 or more with no election	Monitoring registrant engagement		What: So What: Now What:
	E. # of physiotherapists voting in a district/ # of physiotherapists eligible to vote	Green – ≥ 25% of physiotherapists eligible to vote voted Yellow – 16%- 24% Red – ≤15%	Monitoring registrant engagement		What: So What: Now What:
	F. # of Physiotherapy Partners Network members and/or Safety Champions who volunteered to participate in a session ⁹ / # of PPN or Patient Safety Champions volunteer positions available	Green – > 80% participation rate Yellow – 51%- 80% Red – ≤ 50%	Monitoring registrant engagement		What: So What: Now What:

⁹ PPN members or Patient Safety Champions are asked to participate in sessions to provide their perspective on the following activities: policy concepts, practice tools & resources, public communications, college continuous improvement initiatives, technological advancements, and practice data trends.

Process Quadrant					
Indicator Title	Indicator Definition	Target	Rationale	Score	Analysis
	G. College e-mail open rate for the initiative / industry standard	Green - > 0 Yellow - = 0 Red - < 0 <u>Scoring System:</u> When the e-mail open rate obtained for the initiative is above the industry standard, the score is 1 When the e-mail open rate obtained for the initiative is equal to the industry standard, the score is 0 When the e-mail open rate obtained for the initiative is below the industry standard, the score is -1	Monitoring registrant engagement		What: So What: Now What:
Customer Excellence	# of stakeholders indicating satisfaction with College interaction / # surveyed	Green - 75% - 100% of stakeholders indicated they were satisfied with College interaction Yellow - 51%- 74% Red - ≤ 50%	Compliant with high performance		What: So What: Now What:
	# of customer service issues ¹⁰ resolved/# customer service issues identified	Green - 91% - 100% of customer service issues were resolved Yellow - 75%- 90% Red - ≤ 74%	Compliant with high performance and monitoring risk to organization		What: So What: Now What:

¹⁰ Customer Service Issues is defined by each team based on the issues that may arise in their area e.g., complaints related to the service received, problems with a College's tool for registrants, wrong information sent to parties, mail sent to wrong addressee, failing to return calls/e-mails in a timely manner, upset callers that need to be directed to the team director, complaints about our investigators, dissatisfied with the service due to inability to answer questions etc.

Culture Quadrant

Indicator Title		Indicator Definition	Target	Rationale	Score	Analysis
Governance Excellence	Council Satisfaction	# of Council evaluations indicating satisfactory performance or above/ # of Council evaluations received	Green – all factors are satisfactory or above Yellow – one or more ratings are needs improvement Red – one or more ratings are unacceptable	Compliant with high performance		What: So What: Now What:
	Code of Conduct	# of issues identified to President / Registrar related to code of conduct	Green – No issues raised Yellow – 1-2 issues raised Red - ≥ 3 issues raised	Compliant with Council policy		What: So What: Now What:
	Councilor/staff relationships	# of matters between Council/Staff that required the attention of the President/Registrar	Green – No issues raised Yellow – 1-2 issues raised Red - ≥ 3 issues raised	Monitoring compliance with policy areas and areas of potential risk		What: So What: Now What:
	Council/Non-Council members	# of meeting days missed	Green – 0- 3 participation days lost in a quarter at either Council or committee meetings Yellow – 4-6 Red - ≥ 7	Marker for Council engagement		What: So What: Now What:

Organizational Health	Staff absence	# of days absent in quarter /# of employees	Green – Average of 0-8 days lost / employee Yellow – Variance for extended illness Red – Average of more than 9 days lost / employee	Monitoring staff wellness and job satisfaction		What: So What: Now What:
	Staff Satisfaction	# of annual organization health surveys indicating general staff satisfaction/ # of surveys received	Green – all ratings are 4 or higher Yellow – one or more ratings are identified at a level of 3 Red – one or more factors are identified at 2 or less	Monitoring staff wellness and job satisfaction		What: So What: Now What:

Appendix IV: Developing an Indicator

Framing provided by the Consultant

The College is developing a Navigator balanced scorecard which is monthly, forward facing and has an internal focus.

1. A less than perfect indicator where data is available is better than an ideal indicator where no data is available.
2. There is a chance indicators will change in the first six months. Therefore do not stress the organization to collect new data.
3. Do we have the right indicator? No one knows. There will be multiple opinions.
4. Learn by using. In the first few months work to find correlations.
6. Three qualifying questions:
 - i. Is it a measure of the activity?
 - ii. Is it an indicator of the measure?
 - iii. Is the data available monthly or quarterly?
7. Use benchmarking when you want to explore what you need to look at to make improvements.
8. Once you have a month's data you meet to discuss What, So What and Now What

Process to Select Indicators

EXAMPLE 1

Domain: Register Competent Physiotherapists

Definition: Registration processes promote access to the profession in an equitable and appropriate manner to ensure public confidence.

Input	Transformation	Output
Initial application Canadian International Re-entry Renewal MRA applicants	Testing Application Forms Credentialing Practice hours MRA	Satisfied new registrants Unhappy new registrants Increasing # registrants

Candidates for Indicators

1. # new applicants
2. # re-entries
3. # new registrants
4. Total registrant base

Recommendation

new registrants/month:

Process to Select Indicators

EXAMPLE 2

Domain: Ensure high staff and council competence

Definition: Enrich staff and volunteer capacity to advance the organization’s mission and vision.

Input	Transformation	Output
Resumes	Education Mentoring Orientation Communication / feedback Performance Review Selection /recruitment costs	Performance Meeting Objectives Turnover

Candidates for Indicators

1. Education
2. Orientation
3. Turnover

Appendix V: Glossary of Terms for Performance Measurement System

Acknowledgement and Undertaking: An agreement in which a registrant voluntarily acknowledges circumstances that have given rise to an undertaking with the College (or a committee of the College, or the Registrar) whereby the registrant voluntarily becomes bound to certain terms and/or conditions and/or limitations. Acknowledgement and Undertaking may be used in the Registration, Quality Management and Professional Conduct Programs and includes remediation agreements.

Compliance: A breach of or failure to fulfill an undertaking, remediation agreement to respond to the College requirements in mandatory programs or to inform the College of public register changes within the appropriate time line. The breach may result in follow-up College action with respect to the breach or failing itself.

Case: For public accountability and reporting purposes, a case includes any registrant decision that moves beyond staff accountability to Committee. Cases are managed through the Registrar, Quality Management, Registration and Professional Conduct.

Case initiation: The date of receipt of written confirmation of the matter the College is addressing starts day count towards standard of disposition which is established for each case type.

Case disposed: Date the decision is mailed out.

Collaboration: An opportunity for the College to work on an initiative or project with external partners that provides the intended outcome with the benefit of efficiencies in shared resources and/or monies.

Engagement: Two-way, meaningful and respectful knowledge exchange intended to promote shared accountability in physiotherapy regulation.

Governance: refers to the policy setting and oversight role of the College's activities carried out by Council and its committees. Governance components include achieving strategic objectives, policy development and approval, council accountability, committee accountability, financial stewardship, statutory decisions about registrants.

Initiatives: The specific activities or actions the organization undertakes in an effort to meet performance targets

Measure: A standard used to evaluate and communicate performance against expected results. Measures are normally quantitative in nature, capturing dollars, numbers, percentages etc. Reporting and monitoring measures assists the organization to gauge progress towards effective implementation

Operations: Refers to the day-to-day operations of the College, including human resource and financial matters, operations policies and procedures, physical plant and environment.

Outcomes: A project outcome includes documents, tools, policy recommendations, and positions.

Project: A project has a defined start and completion point to address a significant body of work. A project is undertaken to close an organizational performance gap. The size of the project is not relevant. A project could become a process on completion. Achievement of project outcomes is measured.

Public Confidence: The ability of a patient to trust that the physiotherapist will act professionally and provide competent, safe and ethical care within the regulatory system.

Stakeholder: Any person or group who has a “stake” in the success of the organization. This indicator focuses on external stakeholders: consumers of physiotherapy services, the public, physiotherapists, employers, third party payers, government.

Reports: Includes electronic reports generated for internal use in the Balanced Scorecard, reviewing team/program performance month combined with reports for external requests, and reports generated mechanically.