

# 2023 College Performance Scorecard

No.	Strategic Alignment			2022 Actual	BOARD MONITORED Key Performance Indicators and Milestones (M)	2023 YTD (year-to-date)				2023 Target
	SP1	SP2	SP3			YTD Q1	YTD Q2	YTD Q3	YTD Q4	
<i>Domain 1: Governance</i>										
1			✓	95%	Percentage of Board Directors voluntarily contributing at each Board meeting	94%				≥95%
2			✓	87%	Percentage of Board Directors completing evaluation surveys	95%				100%
<i>Domain 2: Resources</i>										
3			✓	-6.0%	Variance of year-end actuals to annual operating budget	Annual Report January 2024				+/- 5%
4			✓	78%	Percentage of employee engagement (Inclusion survey subset)	Scheduled for June 2023				≥78%
5			✓	62%	Percentage of employee engagement (Culture survey subset)	Scheduled for June 2023				≥70.5%
6			✓	n/a	Acquisition and initial implementation of new Customer Relationship Management (CRM) system on time in keeping with benchmarks(M)					12/31/23
<i>Domain 3: System Partner</i>										
7	✓	✓		n/a	Develop and implement a stakeholder engagement strategy on the expansion of scope of practice (M)					12/31/23
<i>Domain 4: Information Management</i>										
8			✓	n/a	SharePoint Online implementation for Corporate Service & Quality Division on time in keeping with benchmarks (M)					12/31/23
<i>Domain 5: Regulatory Policies</i>										
9	✓		✓	82%	Percentage of community pharmacists passing quality assurance (QA) re-assessment	100% (18/18)				≥82%
10	✓		✓	25%	Prioritized practice documents (policies/guidelines/guidance) updated within target timeline	0% (0/6)				≥50%
11	✓	✓	✓	n/a	Introduction of Equity, Diversity & Inclusion strategy (EDI) and initial implementation of action plan in keeping with benchmarks (M)					12/31/23
<i>Domain 6: Suitability To Practice</i>										
12		✓	✓	27%	Percentage of high and moderate risk complaints disposed of within 150 days	9% (4/44)				≥30%
13		✓	✓	58%	Percentage of high and moderate risk Registrar's inquiries disposed of within 365 days	68% (13/19)				≥50%
14		✓		96%	Percentage of HPARB complaint decisions confirmed	100% (4/4)				≥88%
15	✓			582	Cycle time in average days from previous assessment to most recent assessment for community pharmacies in highest risk category	496				≤365 days
16	✓	✓	✓	51%	Percentage of community pharmacies entering events on AIMS platform	23%				≥80%
<i>Domain 7: Measurement, Reporting &amp; Improvement</i>										
17			✓	98%	Percentage of Board Directors report receiving appropriate info. to exercise oversight role	100%				≥95%
18			✓	n/a	Percentage of Board Directors indicating availability to sit on a Discipline Committee (DC) contested or uncontested hearing panel	40%				Collecting Baseline

LEGEND			
Strategic Alignment	Indicator Range	Milestone Range	Symbols
SP1: Enhance system and patient outcomes through collaboration & optimization of current scope of practice	Meets or Exceeds target	On Track (proceeding per plan)	n/a Not Avail.
SP2: Strengthen trust and confidence in the College's role as a patients-first regulator	Approaching Target ≤ 25%	Potential Risk	(M) Milestone
SP3: Enhance capacity to address emerging opportunities & advance quality & safe pharmacy practice & regulatory excellence	Beyond Target > 25%	Risk/Roadblock	Completed
















Scorecard Measure	Q1 2023 Performance Summary / Improvement Strategies
<p><b>#1</b> Percentage of Board Directors voluntarily contributing at each Board meeting</p>	<p>The Q1 score of 94% is approaching the 2023 targeted contribution of 95%. This target is intended to heighten awareness about having an OCP Board environment that encourages equal participation by all members.</p>
<p><b>#2</b> Percentage of Board Directors completing evaluation surveys</p>	<p>The Q1 score of 95% is approaching the 2023 targeted response rate of 100%. The Board meeting evaluation survey is an important tool to identify opportunities for improving Board member contributions at Board meetings.</p>
<p><b>#3</b> Variance of year-end actuals to annual operating budget</p>	<p>Results will be available for Q4 reporting.</p>
<p><b>#4</b> Percentage of Employee engagement (Inclusion survey subset)</p>	<p>The next survey will be conducted in June and reported at the September Board meeting.</p>
<p><b>#5</b> Percentage of Employee engagement (Culture survey subset)</p>	<p>The next survey will be conducted in June and results will be reported at the September Board meeting.</p>
<p><b>#6</b> <i>Acquisition and initial implementation of new Customer Relationship Management (CRM) system on time in keeping with benchmarks (M)</i></p>	<p>This project is progressing as planned. A decision was made at the end of May on the preferred vendor for the new CRM system.</p>
<p><b>#7</b> <i>Develop and implement a stakeholder engagement strategy on the expansion of scope of practice (M)</i></p>	<p>This project is progressing as planned. The internal team is identifying the relevant stakeholders to engage when defining the next set of minor ailments, which will contribute to the stakeholder engagement strategy.</p>
<p><b>#8</b> <i>SharePoint Online implementation for Corporate Service &amp; Quality Division on time in keeping with benchmarks (M)</i></p>	<p>This project is progressing as planned. The test migration phase concluded by moving 20,000 documents into SharePoint. In Q2, the team will implement joint-design sessions with business areas to layout the best user experience.</p>
<p><b>#9</b> Percentage of community pharmacists passing quality assurance (QA) re-assessment</p>	<p>Achieved 100% and exceeding 2023 target of 82%.</p>
<p><b>#10</b> Prioritized practice documents (policies/guidelines/guidance) updated within target timeline</p>	<p>Year-end-measure. Targeting 3 out of 6 practice documents in 2023.</p>

Scorecard Measure	Q1 2023 Performance Summary / Improvement Strategies
<p><b>#11</b> <i>Introduction of Equity, Diversity &amp; Inclusion strategy (EDI) and initial implementation of action plan in keeping with benchmarks (M)</i></p>	<p>This project is progressing as planned. Completed research and organizational assessment and are currently developing the strategy. Introduction of the EDI strategy is aimed for end of Q2, and implementation in Q3.</p>
<p><b>#12</b> Percentage of high and moderate risk complaints disposed of within 150 days</p>	<p>In Q1 the rate was nine percent, which is below the 2023 target of 30%. This is a result of several factors, including the ongoing elimination of a 2021/22 backlog caused by a spike in new complaints received and staffing shortages from that time. The high volume of older (post 150-day) cases disposed of in Q1 increased this KPI denominator, which also results in a lower rate. Processing times are improving with stabilized staffing and CQI strategies to continue reducing processing times. However, external factors such as extensions to response times will continue to play a role in this indicator.</p>
<p><b>#13</b> Percentage high and moderate risk Registrar's inquiries disposed of within 365 days</p>	<p>Achieved 68% in Q1, exceeding 2023 target of 50%.</p>
<p><b>#14</b> Percentage of HPARB complaint decisions confirmed</p>	<p>Achieved 100% in Q1, exceeding 2023 target of 88%.</p>
<p><b>#15</b> Cycle time in average days from previous assessment to most recent assessment for community pharmacies in highest risk category</p>	<p>The average cycle time 496 days between assessments is beyond the 2023 target of 365 days as set out by the College.</p> <p><b>Q1's performance was impacted by the following factors:</b></p> <ul style="list-style-type: none"> <li>• Human health resources concern in pharmacies. Pharmacy managers asked to reschedule the assessment due to inadequate staffing.</li> <li>• COVID pandemic repercussions. Public health measures restricted Community Operation Advisors (COA) from onsite pharmacy assessment on numerous occasions. This continued into Q1 2022.</li> <li>• Staffing turnover for the COA team.</li> </ul> <p><b>Improvement Strategies:</b></p> <ul style="list-style-type: none"> <li>• Prioritization of sterile compounding pharmacies – with intent to conduct an assessment at all sites in 2023, barring any unforeseen circumstances.</li> <li>• Territory realignment allows COA with sterile compounding knowledge to prioritize high-risk assessments.</li> </ul>
















Scorecard Measure	Q1 2023 Performance Summary / Improvement Strategies
<p><b>#16</b> Percentage of community pharmacies entering events on AIMS platform</p>	<p>In Q1, the aggregate score is 23%, which is below the 2023 target of 80%. Community pharmacies should be reporting one or more safety events in any given quarter.</p> <p><b>Q1's performance was impacted by the following factors:</b></p> <ul style="list-style-type: none"> <li>Based on user feedback on the AIMS platform, the incident reporting form is not user-friendly and is difficult to use.</li> <li>Need to stress more the importance of robust data entry.</li> <li>Aggregated data limits the College in developing improvement strategies to support specific pharmacies or groups.</li> </ul> <p><b>Improvement Strategies:</b></p> <ul style="list-style-type: none"> <li>A user-friendly version of the incident reporting form will be deployed later this year.</li> <li>The upcoming 'Safety Insights Group Bulletin' report, compiled from the collected AIMS data, is expected to be available in the fall of 2023.</li> <li>The College requested access to the platform's engagement report to initiate outreach activities with specific pharmacies or groups with low engagement scores.</li> </ul>
<p><b>#17</b> Percentage of Board Directors receiving appropriate info. to exercise oversight role</p>	<p>Achieved 100% in Q1, exceeding 2023 target of 95%.</p>
<p><b>#18</b> Percentage of Board Directors indicating availability to sit on a Discipline Committee (DC) contested or uncontested hearing panel</p>	<p>Achieved 40% in Q1. No target has been established for this indicator yet, as this is a new indicator and the first time the College is collecting this data.</p> <p>The 2023 data will be used to establish a baseline and inform the target for next year.</p> <p>The data for calculating this indicator includes availability for 12 hearings, with a mix of uncontested, partially contested, and contested hearings.</p>

LEGEND	
<i>(M) represents measurement against a milestone</i>	
Indicator Range	Milestone Range
Meets or Exceeds target	On Track (proceeding per plan)
Approaching Target ≤ 25%	Potential Risk
Beyond Target > 25%	Risk/Roadblock



















## 2023 Scorecard Measure Definitions

Scorecard Measure	Indicator or Milestone Definition	Target Justification	Performance
<b>#1</b> Percentage of Board Directors voluntarily contributing at each Board meeting.	The purpose of this indicator is to ensure that the OCP Board is creating an environment that encourages equal participation by all. This indicator measures the % of Board Directors providing input without being called upon individually during all Board meetings (quarterly & emergency).	Maintain and demonstrate governance principles relating to preparedness, expertise, and inclusion.	% Performance is:  ≥ 95.0%  71.3 – 94.9%  ≤ 71.2%
<b>#2</b> Percentage of Board Directors completing evaluation surveys.	The purpose of this indicator is to ensure that the OCP Board is creating an environment that encourages equal participation by all. This indicator measures the % of Board Directors that complete the evaluation following quarterly board meetings.	High performing boards are conscientious about self-assessment, which is used as a basis for continuing quality improvement.	% Performance is:  100%  75.0 – 99.9%  ≤ 74.9%
<b>#3</b> Variance of year-end actuals to annual operating budget.	This indicator measures the variance of actual operating expenses against the annual budget.	Accurate forecasting is essential to balancing cost containment against mandate achievement.	% Variation is:  +/- 5.0%  +/- 6.0 – 25.0%  +/- 25.1% or more
<b>#4</b> Percentage of employee engagement (Inclusion survey subset).	This indicator measures staff perception of inclusion, as measured by certain questions in the annual survey.	Achievement of the target will demonstrate the impact of our internal HR Equity, Diversity, and Inclusion initiative. The target is based on McLean's industry benchmark.	% Engagement is:  ≥ 78.0%  58.5 - 77.9%  ≤ 58.4%
<b>#5</b> Percentage of employee engagement (Culture survey subset).	This indicator measures staff's evaluation of the college's culture.	Achievement of the target will demonstrate the impact of efforts to improve college culture. The target is based on McLean's industry benchmark.	% Engagement is:  ≥ 70.5%  52.9 – 70.4%  ≤ 52.8%

## 2023 Scorecard Measure Definitions

<p><b>#6</b> <i>Acquisition and initial implementation of new Customer Relationship Management (CRM) system on time in keeping with benchmarks (M).</i></p>	<p>This milestone-based measure tracks progress on modernization of the college's information technology infrastructure.</p>	<p>Milestones will be established based on a project schedule and will include completion of the signed contract, project initiation and planning phases by December 2023.</p>	<p>Milestone is:   On Track   Potential Risk   Risk/Roadblock</p>
Scorecard Measure	Indicator or Milestone Definition	Target Justification	Performance
<p><b>#7</b> <i>Develop and implement a stakeholder engagement strategy on the expansion of scope of practice (M).</i></p>	<p>Through the development and implementation of a stakeholder engagement strategy, this milestone tracks planned stakeholder activities related to recent and potentially new expanded scope of practice with health system stakeholders that are impacted by expanded scope.</p>	<p>Achievement of this milestone will be based on the creation and implementation of the stakeholder engagement strategy by December 2023.</p>	<p>Milestone is:   On track   Potential Risk   Risk/Roadblock</p>
<p><b>#8</b> <i>SharePoint Online implementation for Corporate Service &amp; Quality division on time in keeping with benchmarks (M).</i></p>	<p>This milestone measures the completion of SharePoint software in Corporate Service &amp; Quality division, key to modernizing the college's information technology infrastructure, which includes a transition of all college documents from the current platform to the cloud-based SharePoint.</p>	<p>Milestones set based on approved project schedule. Milestones will include migration of documents, staff training and skill levels, and adequate staff access to create, access and update documents in accordance with privacy protocols by December 2023.</p>	<p>Milestone is:   On track   Potential Risk   Risk/Roadblock</p>
<p><b>#9</b> Percentage of community pharmacists passing Quality Assurance (QA) re-assessment.</p>	<p>This indicator measures the % of community pharmacists that pass the practice re-assessment following peer coaching.</p>	<p>Maintain 2022 target and performance.</p>	<p>% Success is:   ≥ 82.0%   61.5 – 81.9%   ≤ 61.4%</p>
<p><b>#10</b> Prioritized practice documents (policies/guidelines/guidance) updated within target timeline.</p>	<p>This indicator measures the completion rate of the review of selected practice documents by year end.</p>	<p>Target based on completing 3 out of 6 practice documents in 2023. Success will depend on the current practice environment as it relates to the policy review process and supporting resources.</p>	<p>% Completion is:   ≥ 50%   37.5 - 49.9%   ≤ 37.4%</p>

## 2023 Scorecard Measure Definitions

<p><b>#11</b> <i>Introduction of Equity, Diversity &amp; Inclusion strategy (EDI) and initial implementation of action plan in keeping benchmarks (M).</i></p>	<p>This milestone-based measure tracks progress on developing an EDI strategy that encompasses the Colleges' programs, policy and governance functions, and the implementation of the first prioritized action plan.</p>	<p>Milestones will be based on approved project schedule and will include engagement with relevant external &amp; internal stakeholders.</p>	<p>Milestone is:   On Track   Potential Risk   Risk/Roadblock</p>
Scorecard Measure	Indicator or Milestone Definition	Target Justification	Performance
<p><b>#12</b> Percentage of high and moderate risk complaints disposed of within 150 days.</p>	<p>This indicator measures the % of high and moderate risk complaints meeting the statutory requirement to dispose of all complaints within 150 days from date of filing to date the ICRC decision is sent.</p>	<p>2022 target performance not met. Continue with same target for 2023.</p>	<p>% Complaints are:   ≥ 30.0%   22.5 – 29.9%   ≤ 22.4%</p>
<p><b>#13</b> Percentage of high and moderate risk Registrar's Inquiries disposed within 365 days.</p>	<p>This indicator measures the % of high and moderate risk Registrar's Inquiries (RI's) (s. 75(1) (a) investigations, disposed within 365 days from date of filing to date the ICRC decision is sent.</p>	<p>2022 performance exceeded target. Target set to maintain performance at 50%.</p>	<p>% Registrar's Inquiries are:   ≥ 50.0%   37.5 – 49.9%   ≤ 37.4%</p>
<p><b>#14</b> Percentage of HPARB complaint decisions confirmed.</p>	<p>This indicator measures the % of HPARB (Health Professions Appeal and Review Board) reviews of ICRC complaints investigations and decisions, requested by either party, that are confirmed by HPARB.</p>	<p>Maintain 2022 performance. Keep same target for 2023.</p>	<p>% Complaints are:   ≥ 88.0%   66.0 – 87.9%   ≤ 65.9%</p>
<p><b>#15</b> Cycle time in average days from previous assessment to most recent assessment for community pharmacies in highest risk category.</p>	<p>This indicator measures the average days between assessments (cycle time) from the previous assessment date to the most recent assessment date. The subset category is the highest-risk sites in community pharmacies.</p>	<p>Target based on best practice and available resources.</p>	<p>Average days are:   ≤ 365   366 – 456   ≥ 457</p>
<p><b>#16</b> Percentage of community pharmacies entering events on AIMS platform.</p>	<p>This indicator measures the % of community pharmacies actively recording events (incidents &amp; near misses) on the AIMS (Assurance &amp; Improvement in Medication Safety) platform out of the total accredited pharmacies.</p>	<p>Target set to the terms in the contractual agreement with vendor.</p>	<p>% Pharmacies are:   ≥ 80.0%   60.0 – 79.9%   ≤ 59.9%</p>

## 2023 Scorecard Measure Definitions

<p><b>#17</b> Percentage of Board Directors report receiving appropriate info. to exercise oversight role.</p>	<p>This indicator measures the % of Board Directors indicating their level of satisfaction in response to an information package (meeting materials)</p>	<p>Maintain an acceptable level of performance.</p>	<p>% Performance is:  <span style="color: green;">■</span> ≥ 95.0%  <span style="color: yellow;">■</span> 71.0 – 94.9%  <span style="color: red;">■</span> ≤ 70.9%</p>
Scorecard Measure	Indicator or Milestone Definition	Target Justification	Performance
<p><b>#18</b> Percentage of Board Directors indicating availability to sit on a Discipline Committee (DC) contested or uncontested hearing panel.</p>	<p>This indicator measures the % of Board Directors indicating their availability to sit on a DC hearing panel on all dates scheduled for the hearing.</p>	<p>New indicator. Collecting baseline.</p>	

LEGEND	
<i>(M) represents measurement against a milestone</i>	
Indicator Range	Milestone Range
Meets or Exceeds target	On Track (proceeding per plan)
Approaching Target ≤ 25%	Potential Risk
Beyond Target > 25%	Risk/Roadblock