2023 College Performance Scorecard

No.	Strategic Alignment SP1	SP2	SP3	2022 Actual	BOARD MONITORED Key Performance Indicators and Milestones (M)	2023 YTD (year-to-date) YTD Q1	YTD Q2	YTD Q3	YTD Q4	2023 Target
					Domain 1: Governance					
1			✓	95%	**Percentage of Board Directors voluntarily contributing at each Board meeting**	94%	94%			≥95%
2			✓	87%	**Percentage of Board Directors completing evaluation surveys**	95%	97%			100%
					Domain 2: Resources					
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	88%			≥78%
5			✓	62%	**Percentage of employee engagement (Culture survey subset)**	Scheduled for June 2023	78%			≥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
					Domain 3: System Partner					
7	✓	✓		n/a	***Develop and implement a stakeholder engagement strategy on the expansion of scope of practice (M)***					12/31/23
					Domain 4: Information Management					
8			✓	n/a	***SharePoint Online implementation for Corporate Service & Quality Division on time in keeping with benchmarks (M)***					12/31/23
					Domain 5: Regulatory Policies					
9	✓		✓	82%	**Percentage of community pharmacists passing quality assurance (QA) re-assessment**	100% (18/18)	94% (29/31)			≥82%
10	✓		✓	25%	**Prioritized practice documents (policies/guidelines/guidance) updated within target timeline**	0% (0/6)	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
					Domain 6: Suitability To Practice					
12		✓	✓	27%	**Percentage of high and moderate risk complaints disposed of within 150 days**	9% (4/44)	22% (17/77)			≥30%
13		✓	✓	58%	**Percentage of high and moderate risk Registrar's inquiries disposed of within 365 days**	68% (13/19)	64% (20/31)			≥50%
14		✓		96%	**Percentage of HPARB complaint decisions confirmed**	100% (4/4)	100% (6/6)			≥88%
15	✓			582	**Cycle time in average days from previous assessment to most recent assessment for community pharmacies in highest risk category**	496	501			≤365 days
16	✓	✓	✓	51%	**Percentage of community pharmacies entering events on AIMS platform**	23%	33%			≥80%
					Domain 7: Measurement, Reporting & Improvement					
17			✓	98%	**Percentage of Board Directors report receiving appropriate info. to exercise oversight role**	100%	100%			≥95%
18			✓	n/a	**Percentage of Board Directors indicating availability to sit on a Discipline Committee (DC) contested or uncontested hearing panel**	40%	41%			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

Q2 2023 Performance Summary / Improvement Strategies

Scorecard Measure	Q2 2023 Performance Summary / Improvement Strategies
#1 Percentage of Board Directors voluntarily contributing at each Board meeting	The Q2 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.
#2 Percentage of Board Directors completing evaluation surveys	The specific Q2 score of 100% aligns with the 2023 targeted response rate of 100% which shows an improvement from Q1. Overall, our Q2 YTD is 97% and trending towards target.
#3 Variance of year-end actuals to annual operating budget	Results will be available for Q4 reporting.
#4 Percentage of Employee engagement (Inclusion survey subset)	2023 survey result of 88% exceeds target of 78%.
#5 Percentage of Employee engagement (Culture survey subset)	2023 survey result of 78% exceeds target of 70.5%.
#6 Acquisition and initial implementation of new Customer Relationship Management (CRM) system on time in keeping with benchmarks(M*)*	The negotiation with the initially selected vendor was unsuccessful. As a result, the College made the decision to work with an alternate vendor from the original shortlist. The new vendor's statement of work is in the process of being finalized with a view to commencing the implementation of the new CRM in October this Fall.
#7 Develop and implement a stakeholder engagement strategy on the expansion of scope of practice (M)	This project is progressing as planned. The internal team developed a system partner engagement strategy and implemented it to guide consultations related to the next set of minor ailments and feedback on expanded scope regulatory amendments. A review of the process, with a goal to enhance the strategy further, will be undertaken next.
#8 SharePoint Online implementation for Corporate Service & Quality Division on time in keeping with benchmarks (M)	The project is progressing as planned. Several test migrations have been completed successfully, and the College is about to undertake the migration. The project is targeted to be completed by the Spring of 2024.
#9 Percentage of community pharmacists passing quality assurance (QA) re-assessment	Achieved 94% and remain confident we will continue to meet 2023 target of 82%. Variation within each quarter is normal due to the small number of re-assessments completed.
#10 Prioritized practice documents (policies/guidelines/guidance) updated within target	Year-end-measure. Targeting 3 out of 6 practice documents in 2023. As of Q2, we anticipate completing 2 out of 6 due to recent staffing changes and continued regulatory priorities. A recurring review of the policy process is underway to streamline the process to help us achieve the target.

Scorecard Measure	Q2 2023 Performance Summary / Improvement Strategies
timeline	
#11 Introduction of Equity, Diversity & Inclusion strategy (EDI) and initial implementation of action plan in keeping with benchmarks (M*)*	This project is progressing as planned. The EDI strategy was presented to the Board at the June meeting. Activities are underway, including inclusive language training, defining OCP's EDI Lens, workstream planning with staff leads and workstream audits/needs assessments to inform 2024 planning.
#12 Percentage of high and moderate risk complaints disposed of within 150 days	The specific Q2 score on this indicator was 39%, which exceeds the 2023 target of 30% and represents a 30-percentage point improvement from the Q1 score of 9%. This can be attributed to the elimination of the 2021/2022 backlog and an improved average overall processing time from 148 to 118 days. The year-to-date score at the end of Q2 is 22%, which remains below but closer to the 2023 target. The ongoing clearance of older files and their continued inclusion in the denominator could impact the YTD performance of this measure in future.
#13 Percentage high and moderate risk Registrar's inquiries disposed of within 365 days	Achieved 64% in Q2, exceeding 2023 target of 50%.
#14 Percentage of HPARB complaint decisions confirmed	Achieved 100% in Q2, exceeding 2023 target of 88%.
#15 Cycle time in average days from previous assessment to most recent assessment for community pharmacies in highest risk category	The average cycle time in days between assessments for Q2 (YTD) is 501, The Q2 score is an improvement from the Q1 average cycle times, which was 623 days, but still exceeds the 2023 target of 365 days as set out by the College. **Q2's performance was impacted by the following factors:** • human health resources challenges continue in pharmacies, resulting in pharmacy managers requesting to reschedule the assessment due to inadequate staffing. • under staffing for the COA team continues to impact performance; and • there are a few outlier pharmacies in Q1 and Q2, with delayed assessments (impacting the average) due to ongoing work with Health Canada. **Improvement Strategies:** • continued prioritization of sterile compounding pharmacies – with intent to conduct an assessment at all sites in 2023, barring any unforeseen circumstances.

Scorecard Measure	Q2 2023 Performance Summary / Improvement Strategies
	• territory realignment allows COA with sterile compounding knowledge to prioritize high-risk assessments – note that this takes some time to see improvements; and • two additional FTEs have been hired and as their orientation continues it is anticipated cycle time will continue to decline.
#16 Percentage of community pharmacies entering events on AIMS platform	In Q2, the aggregate score is 33%, which is below the 2023 target of 80%. Community pharmacies should be reporting one or more safety events in any given quarter. **Q2's performance was impacted by the following factors:** • registrant feedback indicates a significant barrier to entering events is the reporting form within the platform. • pharmacies are in transit to the new, easier to use incident reporting form (with a 77% completion rate); and • the College is still waiting on access to the engagement data of pharmacies or groups with low engagement to initiate outreach activities. **Improvement Strategies:** • newly transitioned pharmacies received targeted communications in July, emphasizing the user-friendly form; and • the onboarding of remaining pharmacies to occur over Q3 with anticipated completion by the end of September.
#17 Percentage of Board Directors receiving appropriate info. to exercise oversight role	Achieved 100% in Q2, exceeding 2023 target of 95%.
#18 Percentage of Board Directors indicating availability to sit on a Discipline Committee (DC) contested or uncontested hearing panel	In Q2 specific, a performance of 42% was achieved, which contributed to a Q2 year-to-date performance of 41%. The data for calculating this indicator in Q2 includes Board Director availability for 4 hearings. (1 uncontested hearing and 3 contested hearings) Constituting panels for these hearings was challenging when conflicts were considered in addition to availability.

LEGEND	
(M) represents measurement against a milestone	
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
#1 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%
#2 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%
#3 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
#4 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%
#5 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%

Scorecard Measure	Indicator or Milestone Definition	Target Justification	Performance
#6 *Acquisition and initial implementation of new Customer Relationship Management (CRM) system on time in keeping with benchmarks (M).*	This milestone-based measure tracks progress on modernization of the college's information technology infrastructure.	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.	Milestone is: On Track Potential Risk Risk/Roadblock
#7 *Develop and implement a stakeholder engagement strategy on the expansion of scope of practice (M).*	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.	Achievement of this milestone will be based on the creation and implementation of the stakeholder engagement strategy by December 2023.	Milestone is: On track Potential Risk Risk/Roadblock
#8 *SharePoint Online implementation for Corporate Service & Quality division on time in keeping with benchmarks (M).*	This milestone measures the completion of SharePoint software in Corporate Service & 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.	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.	Milestone is: On track Potential Risk Risk/Roadblock
#9 Percentage of community pharmacists passing Quality Assurance (QA) re-assessment.	This indicator measures the % of community pharmacists that pass the practice re-assessment following peer coaching.	Maintain 2022 target and performance.	% Success is: ≥ 82.0% 61.5 – 81.9% ≤ 61.4%
#10 Prioritized practice documents (policies/guidelines/guidance) updated within target timeline.	This indicator measures the completion rate of the review of selected practice documents by year end.	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.	% Completion is: ≥ 50% 37.5% - 49.9% ≤ 37.4%

Scorecard Measure	Indicator or Milestone Definition	Target Justification	Performance
#11 *Introduction of Equity, Diversity & Inclusion strategy (EDI) and initial implementation of action plan in keeping benchmarks (M).*	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.	Milestones will be based on approved project schedule and will include engagement with relevant external & internal stakeholders.	Milestone is: On Track Potential Risk Risk/Roadblock
#12 Percentage of high and moderate risk complaints disposed of within 150 days.	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.	2022 target performance not met. Continue with same target for 2023.	% Complaints are: ≥ 30.0% 22.5 – 29.9% ≤ 22.4%
#13 Percentage of high and moderate risk Registrar's Inquiries disposed within 365 days.	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.	2022 performance exceeded target. Target set to maintain performance at 50%.	% Registrar's Inquiries are: ≥ 50.0% 37.5 – 49.9% ≤ 37.4%
#14 Percentage of HPARB complaint decisions confirmed.	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.	Maintain 2022 performance. Keep same target for 2023.	% Complaints are: ≥ 88.0% 66.0 – 87.9% ≤ 65.9%
#15 Cycle time in average days from previous assessment to most recent assessment for community pharmacies in highest risk category.	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.	Target based on best practice and available resources.	Average days are: ≤ 365 366 – 456 ≥ 457
#16 Percentage of community pharmacies entering events on AIMS platform.	This indicator measures the % of community pharmacies actively recording events (incidents & near misses) on the AIMS (Assurance & Improvement in Medication Safety) platform out of the total accredited pharmacies.	Target set to the terms in the contractual agreement with vendor.	% Pharmacies are: ≥ 80.0% 60.0 – 79.9% ≤ 59.9%

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

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