# 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% | 96% | | ≥95% |
| 2 | | | ✓ | 87% | **Percentage of Board Directors completing evaluation surveys** | 95% | 97% | 98% | | 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 Registrant Records System (RSS) 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)*** | | | Aug-23 | | 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) | 85% (46/54) | | ≥82% |
| 10 | ✓ | | ✓ | 25% | **Prioritized practice documents (policies/guidelines/guidance) updated within target timeline** | 0% (0/6) | 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) | 38% (43/114) | | ≥30% |
| 13 | | ✓ | ✓ | 58% | **Percentage of high and moderate risk Registrar's inquiries disposed of within 365 days** | 68% (13/19) | 64% (20/31) | 61% (24/39) | | ≥50% |
| 14 | | ✓ | | 96% | **Percentage of HPARB complaint decisions confirmed** | 100% (4/4) | 100% (6/6) | 91% (10/11) | | ≥88% |
| 15 | ✓ | | | 582 | **Cycle time in average days from previous assessment to most recent assessment for community pharmacies in highest risk category** | 496 | 501 | 488 | | ≤365 days |
| 16 | ✓ | ✓ | ✓ | 43% | **Percentage of community pharmacies entering events on AIMS platform** | 23% | 33% | 39% | | ≥80% |
| | | | | | *Domain 7: Measurement, Reporting & Improvement* | | | | | |
| 17 | | | ✓ | 98% | **Percentage of Board Directors report receiving appropriate info. to exercise oversight role** | 100% | 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% | 43% | | Collecting Baseline |

| LEGEND | | | |
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| **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 1 | Completed |

# Q3 2023 Performance Summary / Improvement Strategies

| Scorecard Measure | Q3 2023 Performance Summary / Improvement Strategies |
|---|---|
| **#1** Percentage of Board Directors voluntarily contributing at each Board meeting | Recorded a 96% YTD participation rate in Q3, surpassing the 2023 target of 95%. For the first time this year, we achieved 100% contribution from the Board of Directors. This achievement can be attributed to improved Board participation and engagement from all attending Board members. The commitment to monitoring and providing support to further enhance this metric will be maintained. |
| **#2** Percentage of Board Directors completing evaluation surveys | Achieved a 98% completion rate YTD in Q3, demonstrating continuous improvement with each passing quarter and approaching our 100% target. Notably, the Q3 survey saw a 100% completion rate among Board Directors in attendance. Our commitment to monitoring this metric will persist, ensuring ongoing support for progress in this key area. |
| **#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*) | This survey was completed in Q2, and results were presented at the September Board meeting. Result (88%) exceeded industry benchmark (78%). |
| **#5** Percentage of Employee engagement (*Culture survey subset*) | This survey was completed in Q2, and results were presented at the September Board meeting. Result (78%) exceeded industry benchmark (70.5%). |
| **#6** *Acquisition and initial implementation of new Registrant Records System (RRS)[1] on time in keeping with benchmarks(M)* | The College is currently undertaking a validation phase to review requirements, best practices, and core functions with KPMG. The building phase will take place in February 2024. Project is still on track for implementation by Q3 2024. |
| **#7** *Develop and implement a stakeholder engagement strategy on the expansion of scope of practice (M)* | This project was completed in August 2023.<br>System partners were engaged from June – August 2023 on various expanded scope policy initiatives that were undergoing open or select system partner consultations. The strategy will be incorporated into future engagement opportunities with system partners. |
| **#8** *SharePoint Online implementation for Corporate Service & Quality Division on time in keeping with benchmarks (M)* | The project is progressing as planned. The overall completion date of the SharePoint migration project is the end of March 2024. |
| **#9** Percentage of community pharmacists passing quality assurance (QA) re-assessment | Achieved 85% YTD in Q3, exceeding 2023 target of 82%. |
| **#10** Prioritized practice documents (policies/guidelines/guidance) updated within target timeline | Year-end-measure. The policy workup of two policies is complete. Due to changes in leadership and the revised approval process, the policies will be brought forward for Board review at the March 2024 Board of Directors meeting. |



[1] Formerly referred to as CRM.

# Q3 2023 Performance Summary / Improvement Strategies

| Scorecard Measure | Q3 2023 Performance Summary / Improvement Strategies |
|---|---|
| **#11**<br>*Introduction of Equity, Diversity & Inclusion strategy (EDI) and initial implementation of action plan in keeping with benchmarks (M)* | Progressing as planned. Expected to meet target by end of the year.<br>Q3 priorities:<br>• Registrant Reference Group reengaged to provide diverse registrant perspectives on actions within EDI strategy.<br>• Board recruitment and selection process review underway, corporate/HR policy reviews underway.<br>• Staff and Board/Committee training plans drafted.<br>• Demographic data elements reviewed for RRS implementation.<br>• Supporting practice, PDR, and assessment departments in operationalizing inclusive language and practice tools. |
| **#12**<br>Percentage of high and moderate risk complaints disposed of within 150 days | Achieved 38% YTD in Q3, exceeding 2023 target of 30%. |
| **#13**<br>Percentage high and moderate risk Registrar's inquiries disposed of within 365 days | Achieved 61% YTD in Q3, exceeding 2023 target of 50%. |
| **#14**<br>Percentage of HPARB complaint decisions confirmed | Achieved 91% YTD in Q3, exceeding 2023 target of 88%. |
| **#15**<br>Cycle time in average days from previous assessment to most recent assessment for community pharmacies in highest risk category | Achieved cycle time of 488 days in Q3, not meeting target of 365, but improved from Q1 and Q2, as well as actual cycle time for 2022 of 582 days. The objective for 2023 was to begin to see an improvement in cycle time (which we are), with the addition of staff resources early in the year.<br>**Q3's performance was impacted by the following factors:**<br>• We are beginning to see improvement as 2 new FTEs are managing full territories.<br>• Starting to catch up from large backlog created by COVID.<br>**Improvement Strategies:**<br>• None required – anticipate that we will continue to see an improvement in cycle time with full staffing complement and prioritization of highest risk community pharmacies. |

# Q3 2023 Performance Summary / Improvement Strategies

| Scorecard Measure | Q3 2023 Performance Summary / Improvement Strategies |
|---|---|
| **#16**<br>Percentage of community pharmacies entering events on AIMS platform | In Q3, 39% (YTD) of community pharmacies entered events on the AIMS platform. This is a statistically significant improvement over Q1 and Q2 (23% and 33% respectively).<br><br>**Q3's performance was impacted by the following factors:**<br>• Ongoing from May through to August, 4124 pharmacies (82% of total pharmacies) transitioned to the new, easier to use reporting form within the platform. The remaining 18% are due to transition in Q1 of 2024.<br>• There was a delay in the College receiving the engagement data of pharmacies or groups with low engagement which will facilitate direct outreach activities.<br><br>**Improvement Strategies:**<br>• Monthly webinars started in August, which will be cross promoted by Pharmapod and OCP, highlighting functionality of the platform and user tips.<br>• Newly transitioned pharmacies received targeted communications in July and August, emphasizing the new, user-friendly incident form.<br>• Direct outreach to poorly engaged pharmacies and groups is planned with the receipt of the engagement data, which is anticipated in Q4. |
| **#17**<br>Percentage of Board Directors receiving appropriate info. to exercise oversight role | Attained 100% YTD in Q3, surpassing the 2023 target of 95% and consistently meeting this benchmark. Our commitment is to maintain and enhance these standards for effective oversight. |
| **#18**<br>Percentage of Board Directors indicating availability to sit on a Discipline Committee (DC) contested or uncontested hearing panel | Achieved 43% in Q3. 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.<br><br>The 2023 data will be used to establish a baseline and inform the target for next year.<br><br>The data for calculating this indicator in Q3 includes Board Director availability for 9 hearings (3 single day uncontested hearings, 1 two-day partially contested hearing, and 5 lengthy contested hearings). Constituting panels for these hearings was challenging when conflicts were considered in addition to availability. A hearing day was cancelled for one of the contested hearings due to inability to constitute a panel that could sit for all the hearing days scheduled. |

| LEGEND | |
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| *(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**<br>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:<br>≥ 95.0%<br>71.3 – 94.9%<br>≤ 71.2% |
| **#2**<br>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:<br>100%<br>75.0 – 99.9%<br>≤ 74.9% |
| **#3**<br>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:<br>+/- 5.0%<br>+/- 6.0 – 25.0%<br>+/- 25.1% or more |
| **#4**<br>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:<br>≥ 78.0%<br>58.5 - 77.9%<br>≤ 58.4% |
| **#5**<br>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:<br>≥ 70.5%<br>52.9 – 70.4%<br>≤ 52.8% |

# 2023 Scorecard Measure Definitions

| Scorecard Measure | Indicator or Milestone Definition | Target Justification | Performance |
|---|---|---|---|
| **#6**<br>*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:<br>On Track<br>Potential Risk<br>Risk/Roadblock |
| **#7**<br>*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:<br>On track<br>Potential Risk<br>Risk/Roadblock |
| **#8**<br>*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:<br>On track<br>Potential Risk<br>Risk/Roadblock |
| **#9**<br>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:<br>≥ 82.0%<br>61.5 – 81.9%<br>≤ 61.4% |
| **#10**<br>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:<br>≥ 50%<br>37.5% - 49.9%<br>≤ 37.4% |

# 2023 Scorecard Measure Definitions

| Scorecard Measure | Indicator or Milestone Definition | Target Justification | Performance |
|---|---|---|---|
| **#11**<br>*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:<br>On Track<br>Potential Risk<br>Risk/Roadblock |
| **#12**<br>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:<br>≥ 30.0%<br>22.5 – 29.9%<br>≤ 22.4% |
| **#13**<br>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:<br>≥ 50.0%<br>37.5 – 49.9%<br>≤ 37.4% |
| **#14**<br>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:<br>≥ 88.0%<br>66.0 – 87.9%<br>≤ 65.9% |
| **#15**<br>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:<br>≤ 365<br>366 – 456<br>≥ 457 |
| **#16**<br>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:<br>≥ 80.0%<br>60.0 – 79.9%<br>≤ 59.9% |

# 2023 Scorecard Measure Definitions

| Scorecard Measure | Indicator or Milestone Definition | Target Justification | Performance |
|---|---|---|---|
| **#17**<br>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:<br>≥ 95.0%<br>71.0 – 94.9%<br>≤ 70.9% |
| **#18**<br>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 |