

**Executive Pay-For-Performance:
Organizational Measures of Performance**

Sun Country Regional Health Authority

July 2012

Table of Contents

Organizational Performance Measures

Measure 1 - Implementation of SHN! Falls Bundle	3
Measure 2 - Attendance Management: WCB Days.....	4
Measure 3 - Operating Results	5
Measure 4 - Ten-Year Plan for Patient and Family-Centered Care	6

Patient/Client Experience Measures

Measure 1 - Survey: Patient Satisfaction	7
--	---

Behavioral Measures

Measure 1 - 360 Degree Feedback	8
Measure 2 - Staff Satisfaction	9

Organizational Performance Measures	
Measure 1 - Implementation Of SHN! Falls Bundle In All LTC Facilities (Owned And Affiliate)	
Definition:	<p>Safer Healthcare Now! (SHN!) Falls Bundle – The SHN! Falls Prevention bundle aims to identify possible risk factors and fall prevention programs that can reduce the majority of falls.</p> <p>This Safer Healthcare Now! Getting Started Kit: Reducing Falls and Injury from Falls is intended to be a guide to assist healthcare professionals working across a range of sectors to implement falls prevention and injury reduction programs. It is recognized that this document is not a detailed compendium outlining all possible approaches, but rather highlights high impact, evidence-based strategies that will support improvement teams to initiate and enhance their quality improvement work in various settings.</p>
Baseline and Target	<p>Baseline Implementation: 50% implementation as of August 2011</p> <p>Target 100% implementation throughout all LTC facilities by March 31, 2012</p> <p>Stretch Target 100% implementation throughout all LTC facilities and 15% reduction in falls related injuries by March 31, 2012</p>
Calculation or Methodology Description	# of facilities that have implemented the SHN! Falls Bundle.
Data Sources	SCHR Implementation Checklist
Data Limitations	N/A
Frequency of Data Availability	N/A
Regional Health Authority Contact	Murray Goeres, Interim VP, Health Facilities (murray.goeres@schr.sk.ca) and Laura Bouvier, Falls & Injury Prevention Coordinator (laura.bouvier@schr.sk.ca)

Measure 2 - Attendance Management: Number (Percentage) Of Lost-Time WCB Days Per 100 FTEs (Including Affiliates)	
Definition:	The number of lost-time Workers' Compensation Board (WCB) days expressed as a rate per 100 full time equivalents (FTEs) for a specific time period (e.g. month, quarter, fiscal year).
Baseline and Target	<p>Baseline 394.66 lost-time WCB days per 100 FTEs (including affiliates) as of March 31, 2011</p> <p>Target 379.71–369.09 days (2–5% reduction) in lost-time WCB days per 100 FTEs (including affiliates) by March 31, 2012</p> <p>Stretch Target 336.25 days (14.8% reduction) in lost-time WCB days per 100 FTEs (including affiliates) by March 31, 2012</p>
Calculation or Methodology Description	<p>The number of lost-time WCB days divided by the total number of paid FTEs, expressed as a rate per 100 FTEs for a specified time period (e.g. fiscal year, quarter).</p> <p>Specifically, the numerator is the total number of lost-time WCB days during a specified time period for all approved claims (after region formation) that were still active during that time period. The number of days included are both for the RHAs and their respective affiliates.</p> <p>The denominator is the total number of full-time, part-time and casual FTEs for the same time period, calculated as the total number of paid hours recorded in the SAHO payroll system for Saskatchewan health sector employees for that time period divided by the average number of hours worked by a full time employee for that time period. This latter value varies due to the different number of days in a month but typically falls between 160 and 165 hours per month (the value is automatically calculated by the SAHO payroll system).</p>
Data Sources	Saskatchewan Workers Compensation Board (WCB), August 2010
Data Limitations	<p>Policy of 3rd Party Programs (WCB).</p> <p>Risk that with smaller number of incidents, a single long term event can skew the outcome.</p>
Frequency of Data Availability	Quarterly
Regional Health Authority Contact	Don Ehman, VP, Human Resources (don.ehman@chr.sk.ca)

Measure 3 - Operating Results	
Definition	Achievement of break-even or better on adjusted operating results as defined by the Ministry of Health's reporting guidelines. Revenues equal to or in excess of expenditures once adjusted for transfers (i.e. Mortgage funding, energy performance loan payments and long-term care Reserves).
Baseline and Target	<p>Baseline Break-even on 2011-12 adjusted operating results</p> <p>Target Adjusted operating results that are equal to or greater than 0.5% of 2011-12 expenses</p> <p>Stretch Target Adjusted operating results of 1% surplus in 2011/12</p>
Calculation or Methodology Description	Based on generally accepted accounting principles with adjustments outlined in the Ministry of Health's Financial Reporting Guidelines
Data Sources	Audited financial statements
Data Limitations	Lag in audit process and/or financial statement preparation
Frequency of Data Availability	Annually
Regional Health Authority Contact	Pamela Haupstein, Interim VP, Finance & Corporate Services (pam.haupstein@schr.sk.ca ; (306) 842-8378)

Measure 4 - Development Of A Ten-Year Plan For Patient And Family-Centered Care	
Definition	<p>Patient and family-centered care is about providing respectful, compassionate, culturally responsive care that meets the needs, values, cultural backgrounds and beliefs, and preferences of patients and their family members in diverse backgrounds by working collaboratively with them. It is grounded in mutually beneficial partnerships among patients, families and healthcare providers. In the PFCC approach, healthcare providers provide patients and families with complete, unbiased information on their illness, diagnosis, treatment options and the procedures in a way they can understand. Patients and families are encouraged to ask questions to ensure a full understanding of the information. Patients' cultural backgrounds and beliefs, health literacy skills, and education levels are taken into account when developing their treatment plans or providing treatment options. Patients and families are also encouraged to participate in their care and decision-making at the level they choose, as well as to partner with healthcare providers, staff and administrators in developing, implementing and evaluating healthcare policies, services and programs. Overall, patients and families are viewed as essential allies and treated as true partners in the PFCC approach.</p>
Baseline and Target	<p>Baseline No Plan as of April 1, 2011</p> <p>Target Plan approved by SCRHA by March 31, 2012</p>
Calculation or Methodology Description	Plan Approved by SCRHA
Data Sources	N/A
Data Limitations	N/A
Frequency of Data Availability	Monthly updates will be provided to SCHR Leadership
Regional Health Authority Contact	<p>Pamela Haupstein, Interim VP, Finance & Corporate Services pam.haupstein@schr.sk.ca; (306) 842-8378) and Felecia Watson, Regional Director, CQI & Strategic Planning (felecia.watson@schr.sk.ca; (306) 842-8739)</p>

Patient / Client Experience	
Measure 1 - Patient Satisfaction: Percentage Of Patients Rating Their Hospital as 10/10 Through the HQC Survey	
Definition	This is an indicator based on patient responses to the following survey question: "Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?"; The result is reported as the percentage of the top box score (10) for the question in acute care.
Baseline and Target	<p>Baseline 25.6% of patients rating their hospital as 10/10 as of July 2011</p> <p>Target 28.1% of patients rating their hospital as 10/10 by December 31, 2012</p>
Calculation or Methodology Description	The result is reported as the percentage of the top box score (10) for the question in acute care. The numerator is the total number of top box responses to the above question (10 out of 10). The denominator is the total number of responses to the question.
Data Sources	All patients discharged from Saskatchewan acute care hospitals are eligible to receive a survey except those patients who died, do not have a fixed address, opted out, had stillbirths, do not meet the age criteria (excludes newborns and youth between 12-16 years of age), had a length of stay less than 24 hours, were from outside of Canada, or were discharged from an acute inpatient psychiatric unit. Eleven of thirteen health regions participate in continuous sampling. Every two weeks, approximately 5% of eligible patients are randomly selected to be sent a survey. We oversample in smaller regions in order to allow for earlier reporting, and we oversample in larger hospitals to be able to report by service (i.e. medicine, surgery). Returned surveys are scanned into the National Research Corporation (NRC) Picker, Canada's survey software system. Raw de-identified data files are sent from NRC Picker to HQC via a secure web uplink. Data quality checks are performed regularly by HQC.
Data Limitations	There is a lag time of approximately 12 weeks between completing of the survey by the patient and viewing data on Quality Insight Online. This delay is due to time required for mailing, allowing sufficient time for patient to opt-out of the survey, extracting and de-identifying data, analyzing and formatting data, and uploading to Quality Insight Online. The response rates to the survey vary by unit, facility, region and month. The provincial response rate in 2009 was 40.3%. To maintain privacy, we are required to suppress any cell size with fewer than 6 respondents. Similarly, we suppress the latest month of data if it is less than 80% of the previous 3 month average response rate. Additional samples can be purchased by health regions; contact HQC for more information.
Frequency of Data Availability	Monthly
Regional Health Authority Contact	Pamela Hauptstein, Interim VP, Finance & Corporate Services (pam.hauptstein@schr.sk.ca ; (306) 842-8378) and Felecia Watson, Regional Director, CQI & Strategic Planning (felecia.watson@schr.sk.ca ; (306) 842-8739)

Behavioural Competencies	
Measure 1 - 360 Degree Feedback based on a 360 feedback Tool administered by Hay Group.	
Definition:	<p>The manager portfolio serves to assess first to mid-level managers – those directly involved in executing strategy, managing performance and attracting and retaining talent in an organization.</p> <p>This tool measures those leadership competencies that set outstanding managers apart. They are organized into four key areas: managing yourself – managing your own behavior to increase your effectiveness managing the team – developing team members and holding them accountable managing the work – achieving results and resolutions managing collaboratively – interacting effectively with others outside your team.</p> <p>The manager portfolio encourages managers to draw on their strengths, and sets out specific target levels that they can aspire to. The manager portfolio was derived by an in-depth analysis of Hay Group’s extensive database of competencies, in particular those of outstanding mid and first-level managers. The model includes those competencies that are most critical in defining excellence in management roles across a wide variety of industries.</p>
Baseline and Target	<p>Baseline None</p> <p>Target 7 of 11 leadership competencies are identified as areas of strength by March 31, 2012</p> <p>Stretch Target 9 of 11 leadership competencies are identified as areas of strength by March 31, 2012; these will relate to managing self, managing your team, managing the work, and managing collaboratively.</p>
Calculation or Methodology Description	N/A
Data Sources	N/A
Data Limitations	N/A
Frequency of Data Availability	N/A
Regional Health Authority Contact	Don Ehman, VP, Human Resources (don.ehman@schr.sk.ca)

Measure 2 - Staff Satisfaction: Percentage Of Staff Responding To Worklife Pulse Survey Who Indicate That They Are Very Satisfied With Their Job	
Definition:	<p>The Worklife Pulse Tool helps organizations identify strengths and opportunities for improvement in their work environments, plan appropriate interventions to improve the quality of worklife, and develop a clearer understanding of how quality of worklife influences the capacity of an organization to meet its strategic goals.</p> <p>The survey takes the “pulse” of quality of worklife, providing a quick and high level snap shot. T he Worklife Pulse Tool is not a thorough diagnosis of the work environment and should not be used as a substitute for a comprehensive employee survey. Rather, it is intended as a complement, which can be administered more easily and frequently than a full-scale employee survey.</p>
Baseline and Target	<p>Baseline 35% of staff respond they are very satisfied with their job as of December 31, 2010</p> <p>Target 37% of staff respond they are very satisfied with their job by March 1, 2011</p> <p>Stretch Target 40% of staff respond they are very satisfied with their job by March 31, 2012</p>
Calculation or Methodology Description	All staff are invited to complete the worklife pulse survey. Surveys were distributed on-line and paper copies were provided if requested.
Data Sources	Accreditation Canada
Data Limitations	Not all staff complete the survey
Frequency of Data Availability	Results are shared with Regional management one month following the survey. Progress updates regarding actions taken to improve staff satisfaction are provided quarterly at Quality as a Business Strategy Meetings.
Regional Health Authority Contact	Pamela Haupstein, Interim VP, Finance & Corporate Services (pam.haupstein@schr.sk.ca ; (306) 842-8378) and Felecia Watson, Regional Director, CQI & Strategic Planning (felecia.watson@schr.sk.ca ; (306) 842-8739)