

**Performance Measures
2011-12: Final Report**

Sun Country Regional Health Authority

June 2012

Performance Measures 2011-12: Final Report

Sun Country Regional Health Authority

SYSTEM MEASURE REPORT

Measure	Target	Achievement Criteria	2011-12	Trend	Status	
1.a. Percentage of patients waiting on March 31, 2012 who were not offered a surgery date within 12 months of booking * See Appendix A for indicator overview	All patients are offered an option to have surgery within 12 months by March 31/12	System-Wide Achievement	Patients waiting over 12 months: 852 (Source: Acute and Emergency Services Branch)		<ul style="list-style-type: none"> The system target is not being met by 3.95%. $\frac{\text{Patients waiting over 12 months}}{\text{Total patients waiting}} = \frac{852}{21,572} = 3.95\%$ <ul style="list-style-type: none"> Data is as of March 31, 2012. 	
					Analysis and Discussion	Good progress has been made, but there are still some patients who are long waiters (i.e. in areas such as plastic surgery, ENT and orthopedics).
					Performance Pay	<ul style="list-style-type: none"> For every 5 percentage points by which the system does not meet the target, a corresponding reduction of 1 percent in compensation will be deducted to the 90% level. Accordingly, a 3.95% rating would lead to a 0.79% reduction in compensation for this measure. Guidelines stipulate that 99.21% of base salary will be paid.

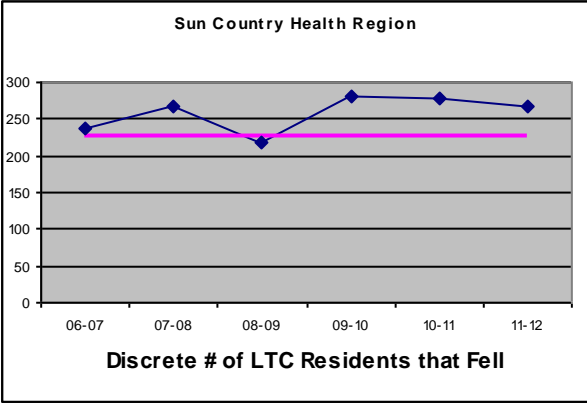
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SYSTEM MEASURE REPORT						
Measure	Target	Achievement Criteria	2011-12	Trend	Status	
1.b. Percent of invasive cancer surgeries performed within 3 weeks * See Appendix A for indicator overview	The percentage of invasive cancer surgeries performed within 3 weeks increases or remains the same as 2010-11 levels <ul style="list-style-type: none"> Baseline 2010-11-Q4: 64.58% 	System-Wide Achievement	Achievement Percentage: 71.37% (Source: MoH - Acute and Emergency Services Branch)	<p style="text-align: center;">All SK: All Specialties</p> <p style="text-align: center;">Performed: % within 3 wk</p>	<ul style="list-style-type: none"> Target not met. 2011-12-Q4: 71.37% 2010-11-Q4: 64.58% 6.79% improvement over last year 	
					Analysis and Discussion	<ul style="list-style-type: none"> This measure is a balancing measure for 1a (the number of patients waiting longer than 12 months for surgery). To receive performance pay for 1a, the proportion of patients receiving cancer surgery within 3 weeks must not decrease from 2010-11 levels.
					Performance Pay	<ul style="list-style-type: none"> The improvement in cancer surgery wait times means that performance pay can be paid for measure 1a.

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SYSTEM MEASURE REPORT					
Measure	Target	Achievement Criteria	2011-12	Trend	Status
2.a. Number and percentage of LTC residents who experience a fall, including affiliated and for-profit LTC facilities * See Appendix A for indicator overview	Reduce the number of LTC residents who experience a fall by 20% <ul style="list-style-type: none"> Baseline 2010-11 (Q4):279 2011-12 Target: $279 \times 0.8 = 223$ 	Region-specific Achievement	Number of falls Q1-Q4: 266 (Source: SOD Q4 Report)		<ul style="list-style-type: none"> Year-end falls target not met By 2010-11-Q4 – 279 discrete LTC residents experienced a fall By 2011-12-Q4 – 266 discrete LTC resident experienced a fall
					<p align="center">Analysis and Discussion</p> <ul style="list-style-type: none"> Falls data for each quarter is cumulative, building on the preceding quarter(s) in a given year. Therefore baseline is previous year's year-end Q4 data. In order to receive performance pay for this measure, the prevalence of daily physical restraints must also decrease or remain the same as 2010-11 levels.
					<p align="center">Performance Pay</p> <ul style="list-style-type: none"> As the target is not achieved, guidelines stipulate 90% of base salary will be paid.

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Measure	Target	Achievement Criteria	2011-12	Trend	Status
2.b. Prevalence of Daily Physical Restraints * See Appendix A for indicator overview	The prevalence of daily physical restraints decreases or remains the same as 2010-11 levels <ul style="list-style-type: none"> Baseline 2010-11 (average Q1-Q4): 24.60% 	Region-specific Achievement	Prevalence of Daily Physical Restraints: 24.26% (Source: MoH - Community Care Branch)		<ul style="list-style-type: none"> Target met 2010-11 baseline: 24.60% (average of Q1-Q4) 2011-12 actual: 24.26% (average of Q1-Q4)
Analysis and Discussion					
<ul style="list-style-type: none"> Prevalence of daily physical restraints is a balancing measure for measure 2a (the number of LTC residents who experience a fall). To receive performance pay, the falls target (2a) must be achieved or exceeded AND restraints must not increase from 2010-11 levels. Baseline for the prevalence of daily physical restraints is an average of Q1-Q4 of the preceding year. 					
Performance Pay					
<ul style="list-style-type: none"> As the falls target (2a above) is not achieved, guidelines stipulate 90% of base salary will be paid. 					

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SYSTEM MEASURE REPORT					
Measure	Target	Achievement Criteria	2011-12	Trend	Status
3. Medication Reconciliation * See Appendix A for indicator overview	Close the gap by 50% between their current implementation and 100%	Region-specific Achievement	Implementation Spread: 100% (Source: Patient Safety Unit, MOH)	N/A	<ul style="list-style-type: none"> Target met 2011-12-Q4: 100% implementation spread.
					<p style="text-align: center;">Analysis and Discussion</p> <ul style="list-style-type: none"> 100% Implementation spread is the introduction of medication reconciliation practices in each acute care facility. Calculation does not include LTC (data not available for admissions to long term care facilities).
					<p style="text-align: center;">Performance Pay</p> <ul style="list-style-type: none"> As the target is outperformed, guidelines stipulate 110% of base salary will be paid.

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ORGANIZATIONAL MEASURE REPORT					
Measure	Target	Achievement Criteria	2011-12	Trend	Status
1. Falls Implementation of SHN! falls bundle in all LTC facilities (owned and affiliate) * See Appendix A for indicator overview	Baseline: 50% Stretch Target: 100% adoption and 15% reduction in falls related injuries	Region specific achievement	100% Implementation	N/A	Falls Related Injuries 2011 – 80.63% 2012 – 80.24%
					Analysis and Discussion
					<ul style="list-style-type: none"> Reduced fall related injuries by 0.21%
					Performance Pay
<ul style="list-style-type: none"> 100% implementation of falls bundle in all LTC facilities. 					

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ORGANIZATIONAL MEASURE REPORT					
Measure	Target	Achievement Criteria	2011-12	Trend	Status
2. Decrease in WCB days lost per 100 FTEs (including affiliates) <ul style="list-style-type: none"> See Appendix A for indicator overview 	Baseline: 394.66 Stretch Target: 14.8% reduction to 336.25	Region specific achievement	333.10 days decrease 15.6% reduction		<ul style="list-style-type: none"> Stretch target exceeded
					Analysis and Discussion
					Performance Pay <ul style="list-style-type: none"> As the target was exceeded, guidelines stipulate 110% of base salary will be paid.

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ORGANIZATIONAL MEASURE REPORT					
Measure	Target	Achievement Criteria	2011-12	Trend	Status
3. Break-even adjusted operating results within 0.5% * See Appendix A for indicator overview	Baseline: Break-even adjusted operating results as of April 1, 2011 Stretch Target: 1% surplus	Region-specific achievement	1.17%	N/A	<ul style="list-style-type: none"> Exceeded target
					Analysis and Discussion
					Performance Pay
					As the target was exceeded, guidelines stipulate 110% of base salary will be paid.

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ORGANIZATIONAL MEASURE REPORT					
Measure	Target	Achievement Criteria	2011-12	Trend	Status
4. Develop a 10 year plan for Patient and Family Centred Care * See Appendix A for indicator overview	Plan approved by SCRHA Board by March 31, 2012	Region-specific achievement	Plan approved by Board on March 7, 2012	N/A	<ul style="list-style-type: none"> Target was met
					<p style="text-align: center;">Analysis and Discussion</p> <ul style="list-style-type: none"> The PFCC Plan was approved on March 7, 2012. Key actions for 2012/13 include the development of a patient and family advisory committee and involving patients in all improvement work.
					<p style="text-align: center;">Performance Pay</p>
					<ul style="list-style-type: none"> 100% performance pay

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PATIENT/CLIENT EXPERIENCE MEASURE REPORT

Measure	Target	Achievement Criteria	2011-12	Trend	Status
1. Patient Experience * See Appendix A for indicator overview	Increase the customer experience by 10% of patients who rate their experience as exceptional from a provincial patient/client satisfaction tool when available. ie Quality Insight www.qualityinsight.ca	Region-specific achievement	28.1%		<ul style="list-style-type: none"> Target was met
					<p style="text-align: center;">Analysis and Discussion</p> <ul style="list-style-type: none"> This indicator reports on the percent responding 10/10, because evidence has shown that patient satisfaction scores are consistently skewed to the upper end of the scale. So, in order to obtain a true reading of exceptional care, the health system must focus on the proportion of patients who select the "top box" – the highest possible score as their response. Currently this survey is restricted to acute care patients only. RTC teams sue these results to implement and evaluate initiatives to improve patient satisfaction.
					<p style="text-align: center;">Performance Pay</p>
					<ul style="list-style-type: none"> 100% performance pay.

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BEHAVIOURAL MEASURE REPORT											
Measure	Target	Achievement Criteria	2011-12	Trend	Status						
1. BEHAVIOURS 360 degree feedback based on a 360 Feedback Tool administered by Hay Group * See Appendix A for indicator overview	Baseline: None yet established for SCHR. Stretch Target: 9 of 11 leadership competencies related to managing self, managing your team, managing the work, and managing collaboratively are identified as areas of strength	Region-specific achievement	Survey was Completed	<table border="1"> <caption>MCP360: Average # of Competency Strengths</caption> <thead> <tr> <th>Entity</th> <th>Average # of Competency Strengths</th> </tr> </thead> <tbody> <tr> <td>Hay Group Global</td> <td>6.2</td> </tr> <tr> <td>SCHR</td> <td>5.67</td> </tr> </tbody> </table>	Entity	Average # of Competency Strengths	Hay Group Global	6.2	SCHR	5.67	<ul style="list-style-type: none"> Report was received and reviewed.
					Entity	Average # of Competency Strengths					
					Hay Group Global	6.2					
					SCHR	5.67					
Analysis and Discussion											
<ul style="list-style-type: none"> Baseline has now been established with the first year survey. 											
Performance Pay											

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BEHAVIOURAL MEASURE REPORT					
Measure	Target	Achievement Criteria	2011-12	Trend	Status
2. Staff Satisfaction % of staff responding to Worklife Pulse Survey who indicate that they are very satisfied with their job * See Appendix A for indicator overview	Baseline: 35% Stretch Target: 37 %	Region-specific achievement	35.1%		<ul style="list-style-type: none"> Met target
					Analysis and Discussion
					<ul style="list-style-type: none"> In the future SCHR will be using talent map survey to determine job satisfaction. With strategy deployment SCHR will be targeting for a greater improvement in work satisfaction.
					Performance Pay
					<ul style="list-style-type: none">

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APPENDIX A: INDICATOR OVERVIEW

SYSTEM MEASURES OF PERFORMANCE								
Measure	Target	Achievement criteria	Compensation					Relative weighting of each measure
			90%	95%	100%	105%	110%	
1.a. Number of patients waiting longer than 12 months for surgery	All patients are offered an option to have surgery within 12 months	System-wide achievement	For every 5 percentage points by which the system does not meet the target a reduction of 1 percent compensation will be deducted to the minimum of 90%	Target achieved	N/A	All patients are offered an option to have surgery within 50 weeks	20% (1.a. and 1.b. combined achievement)	
1.b. Percent of invasive cancer surgeries performed within 3 weeks	95% of invasive cancer surgeries performed within 3 weeks	System-wide achievement	% of surgeries performed within 3 weeks is less than achieved in 2010-11	% of surgeries performed within 3 weeks is no worse than achieved in 2010-11				

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SYSTEM MEASURES OF PERFORMANCE								
Measure	Target	Achievement criteria	Compensation					Relative weighting of each measure
			90%	95%	100%	105%	110%	
2.a. Number and percentage of LTC residents who experience a fall, including affiliated and for-profit LTC facilities	Reduce the number of LTC residents who experience a fall by 20%	Region-specific achievement	Target not achieved	N/A	Target achieved	For every 2 percentage points by which the region exceeds the target an additional 1% compensation will be received to the maximum of 110%		10% (2.a. and 2.b. combined achievement)
2.b. Prevalence of Daily Physical Restraints	The prevalence of daily physical restraints decreases or remains the same as 2010-11 levels	Region-specific achievement	Target not achieved		Target achieved			
3. Medication reconciliation	Each RHA to close the gap by 50% between their current implementation and 100%	Region-specific achievement	Target not achieved	N/A	Target achieved	For every 2 percentage points by which the region exceeds the target an additional 1% compensation will be received to the maximum of 110%		10%

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ORGANIZATIONAL MEASURES OF PERFORMANCE							
Measure	Target	Achievement Criteria	Compensation				Relative weighting of each measure
			90%	95%	100%	105%	
Falls Implementation of SHN! falls bundle in all LTC facilities (owned and affiliate)	Baseline: 50% Stretch Target: 100% adoption and 15% reduction in falls related injuries	Region specific achievement	For every 1% bundle adoption greater than 90%, an additional 1% compensation will be granted up to 100%	100% adoption	105% - 100% adoption plus 10% reduction in falls resulting in injury 110% - 100% adoption plus 15% reduction in falls resulting in injury	10%	
Decrease in WCB days lost per 100 FTEs (including affiliates)	Baseline: 394.66 Stretch Target: 14.8% reduction to 336.25	Region specific achievement	< 2% decrease	2 - 5% decrease	For every decrease above 5%, there is a 1% increase in compensation up to 110%	10%	
Break-even adjusted operating results within 0.5% of total revenue	Baseline: Break-even adjusted operating results as of April 1, 2011 Stretch Target: 1% surplus	Region specific achievement	Deficit > 1.0%	+/-0.5% surplus or deficit	105% - .51-75% surplus 110% - .76-1.0% surplus	10%	
Develop a 10 year plan for Patient and Family Centred Care	Plan approved by SCRHA Board by March 31, 2012	Region specific achievement	90 % - Plan not approved by SCHR Board by March 31, 2012. 95% - N/A	Plan approved by SCRHA Board by March 31, 2012	105% - Plan approved and 2 Family Councils developed. Finalize philosophy and guidelines for visiting. 110% Plan Approved & 3 Family Councils developed – one in Long Term Care	10%	

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PATIENT/CLIENT EXPERIENCE MEASURES OF PERFORMANCE							
Measure	Target	Achievement Criteria	Compensation				Relative weighting of each measure
			90%	95%	100%	105%	
1. Patient Experience	Increase the customer experience by 10% of patients who rate their experience as exceptional from a provincial patient/client satisfaction tool when available. ie Quality Insight www.qualityinsight.ca .	Region specific	For each percentage point that the region does not meet the target a reduction of 1% compensation will be deducted to the minimum of 90%		10% increase of patients/customers who rate their experience as exceptional.	For every percentage point that the region exceeds the target an additional 1% compensation will be received to the maximum of 110%	10%

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BEHAVIOURAL MEASURES OF PERFORMANCE								
Measure	Target	Achievement Criteria	Compensation					Relative weighting of each measure
			90%	95%	100%	105%	110%	
1. BEHAVIOURS 360 degree feedback based on a 360 Feedback Tool administered by Hay Group	Baseline: None yet established for SCHR. Stretch Target: 9 of 11 leadership competencies related to managing self, managing your team, managing the work, and managing collaboratively are identified as areas of strength	Region specific	90% - 5 95% - 6		100% - 7	105% - 8 110% - 9		5%
2. Staff Satisfaction % of staff responding to Worklife Pulse Survey who indicate that they are very satisfied with their job	Baseline: 35% Stretch Target: 37 %	Region specific	<35%		95% - 37%	100% - For every 0.2% increase, there is a 1% increase in compensation up to 110%		5%

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APPENDIX B: INDICATOR OVERVIEW

Wage-Driven Premium Time

Measure: Wage driven premium hours per FTE (WDP Hrs/FTE)

Target: Provincial target – 12.3% reduction in number of WDP hours per FTE

	2009-10 Actual (Hrs/FTE)	2010-11 Target (Hrs/FTE)	2010-11 Projected (Hrs/FTE)	2011-12 Target in %	2011-12 Target (Hrs/FTE)	Funding Reduction Target for 2011-12
SCA	12.97	12.06	9.32	5.6%	8.80	\$ 52,175
Sun Country	41.87	37.69	32.85	7.8%	30.28	310,191
Five Hills	21.94	21.46	19.09	14.6%	16.31	124,849
Cypress	36.31	35.55	28.58	8.3%	26.22	243,754
Regina	73.41	65.43	54.36	10.2%	48.80	5,799,542
Sunrise	60.21	51.71	60.62	28.3%	43.48	775,150
Saskatoon	39.28	37.65	30.55	10.8%	27.25	3,124,308
Heartland	39.05	33.58	33.46	14.4%	28.64	155,425
Kelsey Trail	22.98	20.69	20.73	17.2%	17.17	119,263
Prince Albert	60.86	54.61	42.67	5.0%	40.54	893,460
Prairie North	47.30	46.08	37.37	9.7%	33.73	682,591
Mamawetan Churchill River	77.03	66.14	72.56	18.8%	58.92	103,705
Keewatin Yatthé	103.64	92.25	88.82	13.2%	77.08	115,587
Total	50.07	45.84	39.54	12.3%	34.66	\$12,500,000

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Sick Time

Measure: Sick time hours per FTE (Sick Hrs/FTE)

Target: Provincial target – 5.1% reduction in sick leave hours per FTE

Sick Time Hours/FTE						
RHAs/SCA	2008-09 Actual	2009-10 Sick Time Hrs/FTE	2010-11 Target	2010-11 Projected Sick Time Hrs/FTE	2011-12 Targeted Reduction in %	2011-12 Target
Saskatchewan Cancer Agency	52.18	68.55	50.61	66.81	1.1%	66.11
Sun Country	85.63	90.45	81.35	85.33	6.2%	80.00
Five Hills	70.74	70.52	68.62	66.67	1.0%	66.00
Cypress	82.35	85.83	79.88	58.31	0%	≤64.00
Regina Qu'Appelle	84.56	87.64	80.33	86.66	6.5%	81.00
Sunrise	94.32	95.65	87.72	88.59	6.9%	82.44
Saskatoon	86.02	88.63	80.00	80.96	5.2%	76.72
Heartland	80.90	92.93	78.47	82.07	5.5%	77.55
Kelsey Trail	79.39	75.80	77.01	69.68	2.0%	68.26
Prince Albert Parkland	85.60	88.25	81.32	77.71	4.4%	74.28
Prairie North	80.39	86.53	77.98	76.33	4.0%	73.25
Mamawetan Churchill River	75.63	96.48	73.36	85.20	6.2%	79.90
Keewatin Yatthé	102.14	103.08	97.03	89.72	7.2%	83.29
Saskatchewan	84.09	87.42	80.00	80.60	5.1%	76.45

Using 64 hours/FTE (which is equal to 8 – 8 hour sick days) as a goal, the sick time targets have been set using a formula that would see all RHAs/SCA getting to 64 sick time hours/FTE within a 4 year time period.

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Injuries

Measure: WCB Time Lost Days

Target: Provincial target – 14.2% reduction in number of lost-time WCB days per 100 FTEs

WCB Days per 100 FTEs						
RHAs/SCA	2008-09 Actual	2009-10 Actual	2010-11 Target	Projected 2010-11	2011-12 Targeted Reduction in %	2011-12 Targeted Reduction
Saskatchewan Cancer Agency	9.37	12.38	4.69	14.62	0%	≤14.62
Sun Country	523.61	347.84	471.25	387.46	14.8%	329.97
Five Hills	622.48	382.77	560.23	270.19	12.6%	236.15
Cypress	309.75	181.29	294.25	150.87	6.7%	140.70
Regina Qu'Appelle	581.27	481.86	523.14	404.12	15.1%	343.30
Sunrise	508.83	583.75	457.94	631.60	16.8%	525.28
Saskatoon	365.15	314.98	346.89	337.67	14.1%	290.14
Heartland	329.37	208.28	313.11	229.50	11.3%	203.60
Kelsey Trail	555.81	328.14	500.23	319.42	13.7%	275.54
Prince Albert Parkland	465.10	312.67	418.59	272.25	12.7%	237.80
Prairie North	294.16	293.29	279.38	255.89	12.2%	224.71
Mamawetan Churchill River	133.10	156.24	126.45	346.78	14.2%	297.42
Keewatin Yatthé	404.07	189.69	383.87	354.88	14.4%	303.90
Saskatchewan	447.17	362.93	411.40	347.64	14.2%	298.11

The ultimate goal for the health system is to have zero workplace injuries. The above WCB reduction targets have been set using a formula that would see all RHAs/SCA getting to 100 lost days/100 FTEs within a 5 year time period.