

**Performance Measures  
2013-2014: Preliminary Report**

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**Saskatoon Regional Health Authority**

**July 2014**

Approved by: Jim Rhode, SRHA Board Chair

# Performance Measures 2013-14: Final Report

## Saskatoon Regional Health Authority

### SYSTEM MEASURE REPORT

Measure	Target	Achievement Criteria	2013-14	Trend	Status
<b>1.a. Percentage of patients waiting on March 31, 2014 who were not offered a surgery date within 3 months of booking (Province-Wide)</b>  * See Appendix A for indicator overview	All patients are offered an option to have surgery within 3 months by March 31/14	System-Wide Achievement	<b>Patients waiting over 3 months: 3,824</b>  (Source: Acute and Emergency Services Branch )	Weighting for this measure was adjusted to recognize the difficulty of this target and the tremendous progress the system has made in achieving an offer date of 3 months.  The new weighting and criteria are:  For the System (province-wide) component (Groups A & B): Total of 3 percentage points available <ul style="list-style-type: none"> <li>• Target met = 2 percentage points: three month <u>maximum</u> wait by March 31, 2014;</li> <li>• Target unmet: By March 31, 2014, for every 10% of patients waiting in excess of three months, 0.2 percentage points will be deducted from the 2.0 point target;</li> <li>• Target surpassed: Another 1.0 percentage point is available; 0.25 percentage points will be earned for every week less than three months.</li> </ul>	<ul style="list-style-type: none"> <li>• The system target is not being met by 25%.</li> </ul> $\frac{\text{Patients waiting over 3 months}}{\text{Total patients waiting}} = \frac{3,824}{15,340} = 25\%$ <ul style="list-style-type: none"> <li>• Data is as of March 31, 2014.</li> </ul>
					<b>Analysis and Discussion</b>
					<b>Performance Pay</b>
					<ul style="list-style-type: none"> <li>• Target not met: the number of patients waiting of 25% is 3 steps of 10%; this means 0.6 percentage points will be deducted from the 2.0 point target</li> <li>• <b>Accordingly, 1.4 percentage points will be allocated to this measure.</b></li> </ul>

# Performance Measures 2013-14: Final Report

## Saskatoon Regional Health Authority

SYSTEM MEASURE REPORT					
Measure	Target	Achievement Criteria	2013-14	Trend	Status
<b>1.b. Percent of invasive cancer surgeries performed within 3 weeks (Province-Wide)</b>  * See Appendix A for indicator overview	The percentage of invasive cancer surgeries performed within 3 weeks increases or remains the same as 2012-13 levels  <ul style="list-style-type: none"> <li>Baseline 2012-13-Q4: 62.2%</li> </ul>	System-Wide Achievement	<b>Achievement Percentage:</b>  <b>N/A</b>	This element was removed from the measure.	
					<b>Analysis and Discussion</b>
					<b>Performance Pay</b>

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## Saskatoon Regional Health Authority

### SYSTEM MEASURE REPORT

Measure	Target	Achievement Criteria	2013-14	Trend	Status
<b>1.a. Percentage of patients waiting on March 31, 2014 who were not offered a surgery date within 3 months of booking (Organization Specific)</b>  * See Appendix A for indicator overview	All patients are offered an option to have surgery within 3 months by March 31/14	Organization-Specific Achievement	<b>Patients waiting over 3 months: 1,361</b>  (Source: Acute and Emergency Services Branch )	Weighting for this measure was adjusted to recognize the difficulty of this target and the tremendous progress the system has made in achieving an offer date of 3 months.  The new weighting and criteria are:  For the Organizational component (Group A): Total of 3 percentage points available <ul style="list-style-type: none"> <li>• Target met = 2 percentage points: three month <u>maximum</u> wait by March 31, 2014;</li> <li>• Target unmet: By March 31, 2014, for every 10% of patients waiting in excess of three months, 0.2 percentage points will deducted from the 2 point target;</li> <li>• Target surpassed: Another 1 percentage point is available; 0.25 percentage points will be earned for every week less than three months.</li> </ul>	The system target is not being met by 18.6%.  $\frac{\text{Patients waiting over 3 months}}{\text{Total patients waiting}} = \frac{1,361}{7,334} = 18.6\%$  Data is as of March 31, 2014.
					<b>Analysis and Discussion</b>
					<b>Performance Pay</b>
					<ul style="list-style-type: none"> <li>• Target not met: the number of patients waiting of 20% is 2 steps of 10%; this means 0.37 percentage points will deducted from the 2.0 point target</li> <li>• <b>Accordingly, 1.63 percentage points will be allocated to this measure.</b></li> </ul>

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SYSTEM MEASURE REPORT					
Measure	Target	Achievement Criteria	2013-14	Trend	Status
<b>1.b. Percent of invasive cancer surgeries performed within 3 weeks (Organization Specific)</b>  * See Appendix A for indicator overview	The percentage of invasive cancer surgeries performed within 3 weeks increases or remains the same as 2012-13 levels  <ul style="list-style-type: none"> <li>Baseline 2012-13-Q4: 64.4%</li> </ul>	Organization-Specific Achievement	<b>Achievement Percentage:</b>  <b>N/A</b>	This element was removed from the measure.	
					<b>Analysis and Discussion</b>
					<b>Performance Pay</b>

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## Saskatoon Regional Health Authority

SYSTEM MEASURE REPORT						
Measure	Target	Achievement Criteria	2013-14	Trend	Status	
<b>2. Rural Emergency Stabilization Services</b>  * See Appendix A for indicator overview	Zero Emergency Stabilization Service Disruptions in Category A facilities AND 50% reduction in disrupted days in Category B facilities as compared to the period from April to December 2012.	Region-Specific Achievement	<b>SCORE</b>	Cat A: <ul style="list-style-type: none"> <li>Humboldt – had 1 disrupted day. This is within the acceptable tolerance level; therefore final score for this facility is 2.0 out of 2.0.</li> <li>Rosthern and Wadena, and Watrous had no disrupted days. Therefore final score for these facilities is 2.0 out of 2.0. (Note: Wadena is in a coverage group with Kelvington. There were not days when both sites were disrupted).</li> <li>Wynyard– had 92 disrupted days. This means they were undisrupted for 273 days which represents 74.8% of the target of 365 days undisrupted. 100 % less 74.8% equals 25.2% which would equate to 6, 5% step of 0.4 points. This translates to a reduction of 2.0 from the 2.0 points available for this facility. Final score for this facility is 0 out of 2.0.</li> </ul> Cat B: <ul style="list-style-type: none"> <li>Lanigan - had 26 disrupted days in 2012-13. The target for 2013-14 was a 50% reduction in disruptions or 352 undisrupted days. Lanigan reported 15 disrupted days in 2013-14 or 350 days undisrupted. They missed the target by 2 days. This represents 99% of the target; 100 % less 99% equals 1% which would equate to 1, 5% step of 0.4 points. This translates to a reduction of 0.4 from the 2.0 points available for this facility. Final score for this facility is 1.6 out of 2.0.</li> </ul> Total Score for Saskatoon is 1.6 out of 2.0; the average of the six facilities' scores of 2, 2, 2, 2, 0, and 1.6.	<ul style="list-style-type: none"> <li>Target not met.</li> </ul>	
			<b>1.6</b> <b>Please see attached spreadsheet for calculations</b>		Analysis and Discussion	<ul style="list-style-type: none"> <li>The RHA score is an average of each facility included in this measure.</li> </ul>
			(Source: Risk and Relationship Branch)		Performance Pay	<ul style="list-style-type: none"> <li><b>Total Score for Saskatoon is 1.6 out of 2.0;</b> the average of the six facilities' scores of 2, 2, 2, 2, 0, and 1.6.</li> </ul>

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SYSTEM MEASURE REPORT					
Measure	Target	Achievement Criteria	2013-14	Trend	Status
<b>3. Fiscal Responsibility</b>  * See Appendix A for indicator overview	Audited RHA financial statements compared to the 2013-14 Estimates as outlined in the RHA 2013-14 Accountability Document.	Region-Specific Achievement	<b>Audited Year End Surplus/(Deficit) Before Transfers</b>  <b>\$1.272M</b>  (Source: Financial Services Branch)		<ul style="list-style-type: none"> <li>Target met</li> </ul>
					<b>Analysis and Discussion</b>
					<b>Performance Pay</b> <ul style="list-style-type: none"> <li>Target met = 4 percentage points if Balanced/Surplus position or deficit % is less than or equal to 0.5%.</li> <li>4 percentage points added.</li> </ul>

# Performance Measures 2013-14: Final Report

## Saskatoon Regional Health Authority

ORGANIZATIONAL MEASURE REPORT					
Measure	Target	Achievement Criteria	2013-2014 (Q4 data)	Trend	Status
<b>1. Better Care - Percentage of Staff and Physicians in acute care (urban and rural hospitals) observed practicing appropriate hand hygiene.</b>  * See Appendix A for indicator overview	Baseline: 77.2%	Region-Specific Achievement	<b>Achievement Percentage</b>  <b>110.0%</b>	SHR is making steady progress towards its ultimate goal of 100 percent hand hygiene	<ul style="list-style-type: none"> <li>Based on Q4 hand hygiene audit results, percentage of staff and physicians in acute care (urban and rural hospitals) observed practicing appropriate hand hygiene is 82.84%.</li> <li>This represents an 5.64% increase from baseline</li> </ul>
	Target: 79.7%				<b>Analysis and Discussion</b>
	Stretch Target: 82.7%				<ul style="list-style-type: none"> <li>For every 0.25% increase in hand hygiene compliance between 77.2% and 79.7% and every 0.3% increase above 79.7% there will be a 1% increase in compensation from 90% to 110%</li> <li>90% + 20.46% = 110.46%</li> <li>Stretch target exceeded therefore maximum compensation of 110%</li> </ul>
					<b>Performance Pay</b>
					<b>110.0%</b>



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## Saskatoon Regional Health Authority

ORGANIZATIONAL MEASURE REPORT					
Measure	Target	Achievement Criteria	2013-2014	Trend	Status
<b>2. Better Health - 50% increase in the number of all HIV tests performed from April 1, 2009 to March 31, 2014.</b>  * See Appendix A for indicator overview	Baseline: 21,730 tests	Region-Specific Achievement	<b>Achievement Percentage</b>  <b>110%</b>		<ul style="list-style-type: none"> <li>24,279 HIV tests performed between April 1, 2013 to March 31, 2014 which exceeds the stretch target of 23,850</li> </ul>
	Target: 22,790 tests				<p style="text-align: center;"><b>Analysis and Discussion</b></p> <ul style="list-style-type: none"> <li>For every 106 tests performed above 21,730, compensation will be increased by 1% to a maximum of 110%</li> <li>24,279 tests – 21,730 tests = 2,549 tests/106 = 24.04%.</li> <li>90% +24.04%= 114.04%</li> <li>Stretch target exceeded therefore maximum compensation of 110%</li> </ul>
	Stretch Target: 23,850 tests				<p style="text-align: center;"><b>Performance Pay</b></p>
					<b>110%</b>

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ORGANIZATIONAL MEASURE REPORT					
Measure	Target	Achievement Criteria	2013-2014	Trend	Status
<b>3. Better Teams - Decrease number of workplace injuries resulting in lost time in owned and operated SHR facilities and community services.</b>  * See Appendix A for indicator overview	Baseline: 647 injuries	Region-Specific Achievement	<b>Achievement Percentage</b>  <b>94.95%</b>		<ul style="list-style-type: none"> <li>During 2013-2014 the number of time loss workplace injuries decreased from baseline of 647 to 615 representing a decrease of 32 injuries or 4.95%</li> </ul>
	Target: 10% reduction (582 injuries)				<p align="center"><b>Analysis and Discussion</b></p> <ul style="list-style-type: none"> <li>For every 1% decrease in time loss workplace injuries there will be a 1% increase in compensation from 90% to 110%</li> <li>90% + 4.95% = 94.95%</li> </ul>
	Stretch Target: 20% reduction (518 injuries)				<p align="center"><b>Performance Pay</b></p>
					<b>94.95%</b>

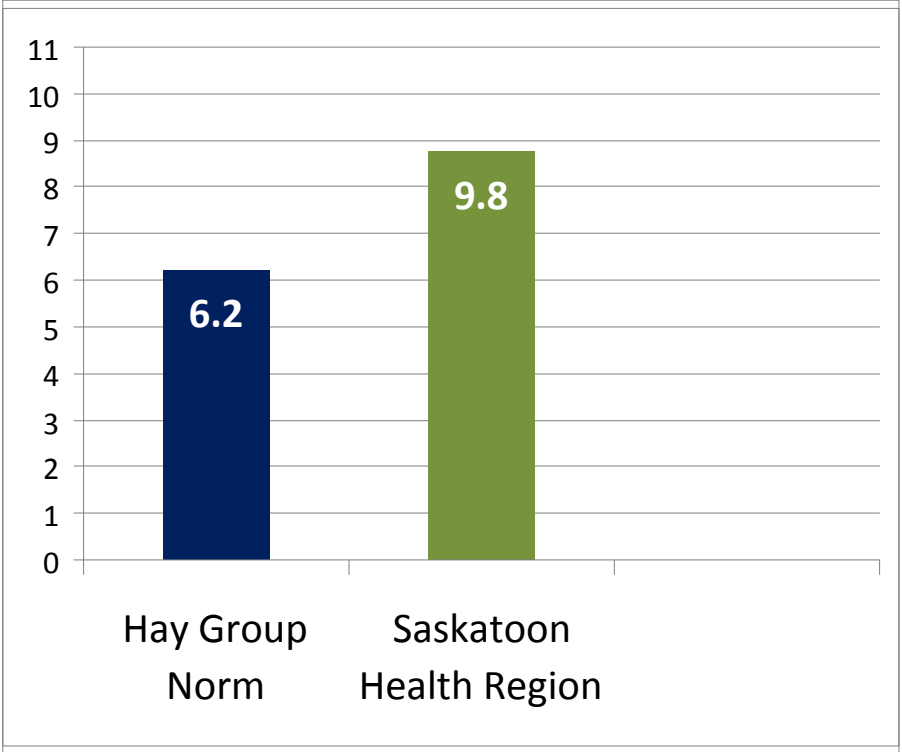
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PATIENT EXPERIENCE MEASURE REPORT					
Measure	Target	Achievement Criteria	2013-2014	Trend	Status
1. Patient Satisfaction – Percentage of inpatients reporting through HQC Survey that would rate their hospital experience as 8, 9 or 10 out of 10.  * See Appendix A for indicator overview	Baseline: 74.7%	Region-Specific Achievement	<b>Achievement Percentage</b>  <b>90.00%</b>		<ul style="list-style-type: none"> <li>1,069 responses of 1,473 or 72.57% rated their hospital as 8, 9 or 10 out of 10.</li> <li>Based on average results January 1 – December 31, 2013 reported at April 11, 2014 on Quality Insight</li> </ul>
	Target: 77.4%				<p style="text-align: center;"><b>Analysis and Discussion</b></p> <ul style="list-style-type: none"> <li>1.0% increase in compensation for each 0.27% increase in patient satisfaction</li> <li>Final results below baseline of 74.7% therefore minimum compensation of 90%</li> </ul>
	Stretch Target: 80.1%				<p style="text-align: center;"><b>Performance Pay</b></p>
					<b>90.00%</b>

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BEHAVIOURAL MEASURE REPORT					
Measure	Target	Achievement Criteria	2013-2014	Trend	Status
1. Leadership Behaviours - 360 degree feedback based on Manager Competency Portfolio (MCP) 360 Feedback Tool administered by Hay Group  * See Appendix A for indicator overview	Baseline: 5	Region-Specific Achievement	<b>Achievement Percentage 110%</b>	Hay Group – SLT MCP 360 Results  	<ul style="list-style-type: none"> <li>Hay Group 360 Survey results – Senior Leadership Team exceeded the stretch target of 9 leadership competencies</li> </ul>
	Target:7				<b>Analysis and Discussion</b>
	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				<ul style="list-style-type: none"> <li>SHR Senior Leadership Team achieved an average of 9.8 leadership competencies.</li> </ul>
					<b>Performance Pay</b>  <b>110%</b>

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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%	
<b>1.a.</b> At March 31, 2014 Number of patients waiting longer than 3 months for surgery (Province Wide)	All patients are offered an option to have surgery within 3 months.	Province-Wide Achievement	For every ten percent of patients waiting in excess of three months, 0.2 percentage points will be deducted from the 2.0 point target.			0.25% additional compensation for every week less than three months.		15%
<b>1.a.</b> At March 31, 2014 Number of patients waiting longer than 3 months for surgery (Org Specific)	All patients are offered an option to have surgery within 3 months.	Organization-Specific Achievement	For every ten percent of patients waiting in excess of three months, 0.2 percentage points will be deducted from the 2.0 point target.			0.25% additional compensation for every week less than three months.		15%

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SYSTEM MEASURES OF PERFORMANCE								
Measure	Target	Achievement criteria	Compensation					Relative weighting of each measure
			90%	95%	100%	105%	110%	
<b>2. Rural Emergency Stabilization Services</b>	Zero Emergency Stabilization Service Disruptions in Category A facilities AND 50% reduction in disrupted days in Category B facilities as compared to the period from April to December 2012.	Organization-Specific Achievement	For every 5% the target is missed, 0.4 percentage points will be deducted from the 2 point target.				Target achieved	10%
<b>3. Fiscal Responsibility Measure</b>	Audited RHA statements show balanced or surplus position or deficit % when compared to 2013-14 Estimates is less than or equal to 0.5%.  Surplus/Deficit calculated before all inter-fund transfers made.	Organization-Specific Achievement	If Target is not met, 90% compensation				If Target is met, 110% compensation	20%

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ORGANIZATIONAL MEASURES OF PERFORMANCE						
Measure	Target	Compensation				Relative weighting of each measure
		90%-99%	100%	105%	110%	
<b>1. Better Care - Percentage of Staff and Physicians in acute care (urban and rural hospitals) observed practicing appropriate hand hygiene.</b>	Baseline: 77.2% Target: 79.7% Stretch Target: 82.7%	For every 0.25% increase in hand hygiene compliance above 77.2% compensation will be increased by 1% to a maximum of 100%		After achieving 79.7% hand hygiene compliance, for every 0.3% increase in hand hygiene compliance compensation will be increased by 1% to a maximum of 110%		12.5%
<b>2. Better Health - 50% increase in the number of all HIV tests performed from April 1, 2009 to March 31, 2014.</b>	Baseline: 21,730 tests Target: 22,790 tests Stretch Target: 23,850 tests	For every 106 tests performed above 21,730, compensation will be increased by 1% to a maximum of 110%				12.5%
<b>3. Better Teams - Decrease number of workplace injuries resulting in lost time in owned and operated SHR facilities and community services.</b>	Baseline: 647 injuries Target: 10% reduction (582 injuries) Stretch Target: 20% reduction (518 injuries)	For every 1% decrease in time loss workplace injuries, compensation will be increased by 1% to a maximum of 110%				25%

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PATIENT/CLIENT EXPERIENCE MEASURES OF PERFORMANCE							
Measure	Target	Compensation					Relative weighting of each measure
		90%	95%	100%	105%	110%	
1. Patient Satisfaction – Percentage of inpatients reporting through HQC Survey that they would rate their hospital experience as 8, 9 or 10 out of 10.	Baseline: 74.7% Target: 77.4% Stretch Target: 80.1%	For Every 0.27% increase in patient satisfaction above 74.7% compensation will be increased by 1% to a maximum of 110%					25%



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BEHAVIOURAL MEASURES OF PERFORMANCE							
Measure	Target	Compensation					Relative weighting of each measure
		90%	95%	100%	105%	110%	
1. Leadership Behaviours - 360 degree feedback based on Manager Competency Portfolio (MCP) 360 Feedback Tool administered by Hay Group	Baseline: 5 Target:7  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	5	6	7	8	9	25%