

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

Regina Qu'Appelle Regional Health Authority

June 2012

Performance Measures 2011-12: Final Report

Regina Qu'Appelle 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 | <ul style="list-style-type: none"> 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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| 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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|--|--|-----------------------------|--|---|---|
| 2. Length of stay waiting in the ED for an inpatient bed after decision to admit. | Decrease the length of stay waiting in the ED for an inpatient bed by 10% from the 2010 baseline | Region-Specific Achievement | Average Hours Waiting: 47.83 (90th percentile) (Source: Acute & Emergency Services Branch Q2 Report on Wait Times in ED-DAD standard) | <p>Wait Time in ED for an Inpatient Bed: Regina</p> <p>90th Pctl Median 24 Hours</p> <p>90th Percentile Wait Time in Hours</p> <p>Worse →</p> <p>← Better</p> <p>Quarter of Discharge</p> | <ul style="list-style-type: none"> • Target not met • 2010-11-Q3: 48.42 • 2011-12-Q3: 47.83 • Percent change 2010-11-Q3 to 2011-12-Q3: 1.20% decrease • Target: 10% decrease |
| | | | | <p style="text-align: center;">Analysis and Discussion</p> | <ul style="list-style-type: none"> • Regina Qu'Appelle data is derived from the DAD • Note: DAD data is delayed by a quarter as it must go through CIHI first |
| | | | | <p style="text-align: center;">Performance Pay</p> | <ul style="list-style-type: none"> • As the target is not achieved, guidelines stipulate that 90% of base salary will be paid. |
| | | | | | |

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| Measure | Target | Achievement Criteria | 2011-12 | Trend | Status |
|--|--|-----------------------------|--|---|---|
| 1. Fall Reduction Strategy * See Appendix A for indicator overview | 100% implementation of the SHN falls prevention bundle Plus more than 10% reduction in number of surgeries performed as a result of LTC resident experiencing a fall. | Region-Specific Achievement | Achievement Percentage: 100% [Source: RQHR for LTC SHN implementation and CIHI fall data] | Surgeries for LTC resident due to fall: 2010-11 Q1-Q3 – 126 2011-12 Q1- Q3: 144 14.3% increase | <ul style="list-style-type: none"> Target not fully met. All LTC facilities have implemented the SHN falls prevention bundle by March 31, 2012. An increase of 14.3% in the number surgeries were performed as a result of a LTC resident experiencing a fall in the first three quarters 2011-12 compared to the similar period in 2010-11. The target was a 10% reduction. |
| | | | | | Analysis and Discussion |
| | | | | | <ul style="list-style-type: none"> Regina Qu'Appelle falls data is derived from the DAD. DAD data is delayed by a quarter as it must go through CIHI first. |
| | | | | | Performance Pay |
| | | | | | <ul style="list-style-type: none"> As the target for surgery reduction is not achieved, guidelines stipulate that 100% of base salary will be paid. |

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| Measure | Target | Achievement Criteria | 2011-12 | Trend | Status | | | | | | | | | | | | | | | | | | | | |
|--|--|-----------------------------|---|---|--------|-----|-----|-----|----|---------|-----|-----|-----|-----|---------|-----|-----|-----|-----|---------|-----|-----|-----|-----|--|
| 2. Ambulatory Care Sensitive Conditions * See Appendix A for indicator overview | Reduce number of acute care admissions due to ambulatory care sensitive conditions by 10% 2010-11 Baseline Q1-Q3: 867 | Region-Specific Achievement | Achievement Percentage: 103.8% (Source CIHI) | <p>Acute Care Admissions due to Ambulatory Care Sensitive Conditions</p> <table border="1"> <caption>Acute Care Admissions due to Ambulatory Care Sensitive Conditions</caption> <thead> <tr> <th>Year</th> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td>2009-10</td> <td>350</td> <td>320</td> <td>330</td> <td>300</td> </tr> <tr> <td>2010-11</td> <td>300</td> <td>310</td> <td>320</td> <td>290</td> </tr> <tr> <td>2011-12</td> <td>320</td> <td>580</td> <td>800</td> <td>250</td> </tr> </tbody> </table> | Year | Q1 | Q2 | Q3 | Q4 | 2009-10 | 350 | 320 | 330 | 300 | 2010-11 | 300 | 310 | 320 | 290 | 2011-12 | 320 | 580 | 800 | 250 | <ul style="list-style-type: none"> Target not fully met 3.8% improvement achieved in first three quarters, compared to target of 10% |
| | | | | Year | Q1 | Q2 | Q3 | Q4 | | | | | | | | | | | | | | | | | |
| | | | | 2009-10 | 350 | 320 | 330 | 300 | | | | | | | | | | | | | | | | | |
| | | | | 2010-11 | 300 | 310 | 320 | 290 | | | | | | | | | | | | | | | | | |
| 2011-12 | 320 | 580 | 800 | 250 | | | | | | | | | | | | | | | | | | | | | |
| Analysis and Discussion | | | | | | | | | | | | | | | | | | | | | | | | | |
| <ul style="list-style-type: none"> Work continues on the pilot project on the Chronic Obstructive Pulmonary Disease program in inner-city Regina and the rural COPD Rehab program in Indian Head. Work has also begun on the Action Plan for Chronic Disease Management breakthrough initiative. Regina Qu'Appelle falls data is derived from the DAD. DAD data is delayed by a quarter as it must go through CIHI first | | | | | | | | | | | | | | | | | | | | | | | | | |
| Performance Pay | | | | | | | | | | | | | | | | | | | | | | | | | |
| <ul style="list-style-type: none"> For every 1% improvement achieved, a corresponding 1% increase in compensation above 100% will be paid. Accordingly for a 3.8% improvement, 103.8% of base salary will be paid. | | | | | | | | | | | | | | | | | | | | | | | | | |

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| Measure | Target | Achievement Criteria | 2011-12 | Trend | Status | | | | | | | | | | | | | | | | | | | | |
|---|-------------------------------------|-----------------------------|---|--|--|----|----|----|----|---------|-------|-------|-------|-------|---------|-------|------|------|------|---------|-------|-------|-------|-------|---|
| 3. Workplace Injury Reduction * See Appendix A for indicator overview | Reduction in WCB lost days/100 FTEs | Region-Specific Achievement | Achievement Percentage: 100% [Source MoH WCB data and estimate for Q4] | <p>WCB Days per 100 FTE</p> <table border="1"> <caption>WCB Days per 100 FTE Data</caption> <thead> <tr> <th>Year</th> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td>2009-10</td> <td>130.0</td> <td>135.0</td> <td>125.0</td> <td>100.0</td> </tr> <tr> <td>2010-11</td> <td>100.0</td> <td>95.0</td> <td>90.0</td> <td>95.0</td> </tr> <tr> <td>2011-12</td> <td>100.0</td> <td>200.0</td> <td>300.0</td> <td>350.0</td> </tr> </tbody> </table> | Year | Q1 | Q2 | Q3 | Q4 | 2009-10 | 130.0 | 135.0 | 125.0 | 100.0 | 2010-11 | 100.0 | 95.0 | 90.0 | 95.0 | 2011-12 | 100.0 | 200.0 | 300.0 | 350.0 | <ul style="list-style-type: none"> Target not fully met 397.45 lost time WCB days per 100 FTEs, a 3.6% improvement compared to the baseline of 412.42 |
| | Year | Q1 | Q2 | Q3 | Q4 | | | | | | | | | | | | | | | | | | | | |
| | 2009-10 | 130.0 | 135.0 | 125.0 | 100.0 | | | | | | | | | | | | | | | | | | | | |
| | 2010-11 | 100.0 | 95.0 | 90.0 | 95.0 | | | | | | | | | | | | | | | | | | | | |
| 2011-12 | 100.0 | 200.0 | 300.0 | 350.0 | | | | | | | | | | | | | | | | | | | | | |
| Baseline: 412.42 [2010-11] | | | | | Analysis and Discussion | | | | | | | | | | | | | | | | | | | | |
| 110% Target: 350.6 lost time WCB days per 100 FTEs, a 20% reduction | | | | | <ul style="list-style-type: none"> Strategies to address our musculoskeletal injuries continue including TLR, SMART and linking with the Releasing Time to Care initiative. A heightened organizational focus on eliminating lost times claims through managing all aspects of staff safety will continue WCB data for RQHR is estimated for the 4th quarter, due to the WCB system changes | | | | | | | | | | | | | | | | | | | | |
| | | | | | Performance Pay | | | | | | | | | | | | | | | | | | | | |
| | | | | | <ul style="list-style-type: none"> As the target is not fully achieved, guidelines stipulate that 95% of base salary will be paid. | | | | | | | | | | | | | | | | | | | | |

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ORGANIZATIONAL MEASURE REPORT

| Measure | Target | Achievement Criteria | 2011-12 | Trend | Status |
|---|---|-----------------------------|-------------------------------------|-------|--|
| 4. Achieve break-even or better on adjusted operating results * See Appendix A for indicator overview | Adjusted operating results that are equal to or greater than 0.5% of 2011-12 total revenues | Region-Specific Achievement | Achievement Percentage: 100% | | <ul style="list-style-type: none"> Target not fully met. Surplus of \$1,072,000 achieved. |
| | 110% Target: .76 to 1% surplus | | [RQHR Audited Financial Statements] | | <p style="text-align: center;">Analysis and Discussion</p> <ul style="list-style-type: none"> Audited financial statements provide year-end results. |
| | | | | | <p style="text-align: center;">Performance Pay</p> <ul style="list-style-type: none"> As the target is not fully achieved, guidelines stipulate that 100% of base salary will be paid. |
| | | | | | |

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PATIENT/CLIENT EXPERIENCE MEASURE REPORT

| Measure | Target | Achievement Criteria | 2011-12 | Trend | | | | | Status |
|---|---|-----------------------------|--|---|----------|------|------|------|--|
| 1. Patient Satisfaction * See Appendix A for indicator overview | Improve by 1% patients reporting through the HQC survey that they are always satisfied with communications with nurses. Baseline (mean): 61% | Region-Specific Achievement | Achievement Percentage: 110% [HQC survey results] | | | | | | <ul style="list-style-type: none"> Target fully met. Overall improvement increased from 61% to 64.3% |
| | | | | | Baseline | Q1 | Q2 | Q3 | |
| | | | | Improve % of patients reporting through the HQC survey that they are always satisfied with communications with nurses | 61.0% | 63.3 | 65.4 | 64.3 | |
| | | | | (i) Nurses were courteous and respectful (% always) | | 72.8 | 72.9 | 72.7 | |
| | | | | (ii) Nurses listened carefully (% always) | | 57.5 | 62.8 | 60.4 | |
| (iii) Nurses explained things clearly (% always) | | 59.6 | 60.5 | 59.7 | | | | | |
| Analysis and Discussion | | | | | | | | | |
| <ul style="list-style-type: none"> Regina Qu'Appelle data is derived from the HQC. HQC data is delayed by a quarter. | | | | | | | | | |
| Performance Pay | | | | | | | | | |
| <ul style="list-style-type: none"> As the target is fully achieved, guidelines stipulate that 110% of base salary will be paid. | | | | | | | | | |

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| BEHAVIOURAL MEASURE REPORT | | | | | |
|--|--|-----------------------------|------------------------------|-------|--|
| Measure | Target | Achievement Criteria | 2011-12 | Trend | Status |
| 1. Living our Values * See Appendix A for indicator overview | Improve region performance on the following proxy indicators: 1. Reduction in regional excess accumulated vacation liability: Baseline 31.09 hrs/FTE | Region-Specific Achievement | Performance Achievement: 90% | | <ul style="list-style-type: none"> Target not met. Vacation liability increase in 2011-12 to 31.44 hours per full-time equivalent position from 31.09 hours/FTE in 2010-11 |
| | Analysis and Discussion | | | | |
| | <ul style="list-style-type: none"> RQHR data is derived by Finance from payroll information | | | | |
| | Performance Pay | | | | |
| | | | | | <ul style="list-style-type: none"> As the target was not achieved, guidelines stipulate that 90% of base salary will be paid. |

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| BEHAVIOURAL MEASURE REPORT | | | | | |
|---|---|-----------------------------|---|-------|--|
| Measure | Target | Achievement Criteria | 2011-12 | Trend | Status |
| 2. Staff Satisfaction * See Appendix A for indicator overview | Establish baseline and develop a strategy by March 31, 2012 to improve staff satisfaction | Region-Specific Achievement | Performance Achievement: 110% [RQHR documentation] | | <ul style="list-style-type: none"> Target fully met. RQHR initiated a strategy to improve staff engagement by December 31, 2011. Ongoing implementation of the plan continues. |
| | | | | | Analysis and Discussion |
| | | | | | <ul style="list-style-type: none"> RQHR data is based on work undertaken by Human Resource leadership and documentation to Senior Management. |
| | | | | | Performance Pay |
| | | | | | <ul style="list-style-type: none"> As the target is fully achieved, guidelines stipulate that 110% of base salary will be paid. |

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APPENDIX A: INDICATOR OVERVIEW

| SYSTEM MEASURES OF PERFORMANCE | | | | | | | | |
|--|--|-----------------------------|---|-----|--|--|--|--|
| Measure | Target | Achievement criteria | Compensation | | | | | Relative weighting of each measure (within group) |
| | | | 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 | 75% (37.5% for 1.a. and 37.5% 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 | | | |
| 2 Length of stay waiting in the ED for an inpatient bed after decision to admit | Decrease the length of stay waiting in the ED for an inpatient bed by 10% from the 2010 baseline | Region-specific achievement | Target not achieved | N/A | Target achieved | For each percentage point by which the region exceeds the target an additional 1% compensation will be received to the maximum of 110% | | 25% |

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| ORGANIZATIONAL MEASURES OF PERFORMANCE | | | | | | | |
|---|---|--|--|---|--|--|---|
| Measure | Target | Compensation | | | | | Relative weighting of each measure (within group) |
| | | 90% | 95% | 100% | 105% | 110% | |
| 1. Fall Reduction Strategy | Implement the SHN falls prevention bundle in remaining 50% of LTC facilities by March 31/12 | For every 1% adoption above 90%, an additional 1% compensation granted | | 100% adoption | 100% adoption plus 10% reduction in number of surgeries performed as a result of a LTC resident experiencing a fall. | 100% adoption plus more than 10% reduction in number of surgeries performed as a result of a LTC resident experiencing a fall. | 25% |
| 2. Ambulatory Care Sensitive Conditions | Reduce # of acute care admissions due to ambulatory care sensitive conditions | From the March 31, 2011 baseline, every 1% increase in admissions results in a 1% decrease in compensation (to a maximum of 10%) | Maintaining the same number of admissions is 100% achievement. | | From the March 31, 2011 baseline, every 1% decrease in admissions results in a 1% increase in compensation (to a maximum of 10%) | | 25% |
| 3. Workplace Injury Reduction | Reduce WCB lost days/100 FTEs | 0 to 3% improvement | 3.1 to 5% | 5.1 to 10% | 10.1 to 15% | 15.1 to 20% | 25% |
| | | | | Each 1% improvement moves compensation 1% | | | |
| 4. Achieve break-even or better on adjusted operating results | Adjusted operating results that are equal to or greater than 0.5% of 2011-12 total revenues | > 1.0% deficit | .51-.99% deficit | +/- .5% of budget | .51-.75% surplus | .76-1.0% surplus | 25% |

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| PATIENT/CLIENT EXPERIENCE MEASURES OF PERFORMANCE | | | | | | | |
|---|---|--|-----|-----------------------------|-------------------------------|--|---|
| Measure | Target | Compensation | | | | | Relative weighting of each measure (within group) |
| | | 90% | 95% | 100% | 105% | 110% | |
| Patient Satisfaction | Improve % of patients reporting through the HQC survey that they are always satisfied with communications with nurses. Baseline (mean): 61:0% | < .5% increase on at least one measure | | .5% increase on one measure | .5% increase in both measures | 1% increase on one measure and maintain at least baseline on the other | 100% |

| BEHAVIOURAL MEASURES OF PERFORMANCE | | | | | | | |
|-------------------------------------|---|----------------------------|----------------|----------------------------|----------------|--------------------------|---|
| Measure | Target | Compensation | | | | | Relative weighting of each measure (within group) |
| | | 90% | 95% | 100% | 105% | 110% | |
| Living our Values | Improve region performance on the following proxy indicators: Reduction in regional excess accumulated vacation liability est. \$9M or 31.09 hours per FTE in 2010/11 (work/life balance). | No reduction | 2.5% reduction | 5% reduction | 7.5% reduction | 10% reduction | 50% |
| Staff Satisfaction | Establish baseline and develop a strategy to improve | Not done by March 31, 2012 | | Complete by March 31, 2012 | | Complete by Dec 31, 2011 | 50% |

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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.