

**Performance Measures  
2013-14: Final Report**

**Regina Qu'Appelle Regional Health Authority**

**July 2014**

# Performance Measures 2013-14: Final Report

## Regina Qu'Appelle 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 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 deducted from the 2.0 point target</li> <li>• <b>Accordingly, 1.4 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 (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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### 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: 2,314</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 42.1%.  $\frac{\text{Patients waiting over 3 months}}{\text{Total patients waiting}} = \frac{2,287}{5,427} = 42.1\%$  Data is as of March 31, 2014.
					<b>Analysis and Discussion</b>
					<b>Performance Pay</b>
					<ul style="list-style-type: none"> <li>• <b>Target not met: the number of patients waiting of 42% is 4.21 steps of 10%; this means 0.84 percentage points will deducted from the 2.0 point target</b></li> <li>• <b>Accordingly, 1.16 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: 48.5%</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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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>  <b>1.84</b>  <b>Please see attached spreadsheet for calculations</b>  (Source: Risk and Relationship Branch)	Cat A:  <ul style="list-style-type: none"> <li>Fort Qu'Appelle – had 14 disrupted days. This means they were undisrupted for 351 days which represents 96.2% of the target of 365 days undisrupted. 100 % less 96.2% equals 3.8% 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> <li>Moosomin – had 2 disrupted days. This means they were undisrupted for 363 days which represents 99.5% of the target of 365 days undisrupted. 100 % less 99.5% equals 0.5% 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> Cat B:  <ul style="list-style-type: none"> <li>Broadview, Indian Head, and Wolseley are part of the Twin Valleys Coverage Group; there were no days where all 3 sites were disrupted. Therefore final score for these facilities is 2.0 out of 2.0</li> </ul>	<ul style="list-style-type: none"> <li>Target unmet.</li> </ul>				
					<b>Analysis and Discussion</b>				
					<ul style="list-style-type: none"> <li>The RHA score is an average of each facility included in this measure.</li> </ul>				
					<b>Performance Pay</b>				
					<ul style="list-style-type: none"> <li><b>Total Score for Regina Qu'Appelle is 1.84 out of 2.0; the average of the five facilities' scores of 1.6, 1.6, 2, 2, and 2.</b></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>(\$1.578M)</b>  (Source: Financial Services Branch)		<ul style="list-style-type: none"> <li>Target met</li> </ul>
					<b>Analysis and Discussion</b> <ul style="list-style-type: none"> <li>Deficit/2013-14 Estimates</li> <li><math>\\$1,578M/\\$862,556M = 0.18\%</math></li> <li>Less than 0.5% therefore target is met.</li> </ul>
					<b>Performance Pay</b> <ul style="list-style-type: none"> <li><b>Target met = 4 percentage points if Balanced/Surplus position or deficit % is less than or equal to 0.5%.</b></li> <li><b>4 percentage points added.</b></li> </ul>



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Organizational Measure					
Measure	Target	Achievement Criteria	2013-14	Trend	Status
1. a Average of the percentage of staff and physicians in acute care (urban and rural hospitals) who are observed practicing appropriate hand hygiene	<b>2012/13 Baseline:</b> 44.7%	Region-Specific Achievement	50.47%		<ul style="list-style-type: none"> <li>13/14 hand washing compliance is 50.47%</li> </ul>
	<b>2017 Stretch Target:</b> 100%				
	<b>2013/14 Target:</b> 47.2 (+2.5 percentage points), Stretch target 49.7% (+5 percentage points)				
<b>Analysis and Discussion</b>					
<ul style="list-style-type: none"> <li>Baseline as originally represented in the 2013-14 MoH PFP submission has been updated based on actual year end 2012/13 results.</li> <li>Baseline is 44.7% with 2013/14 targets measured at +2.5 and +5 percentage points from baseline (47.2% and 49.7% respectively).</li> </ul>					
<b>Performance Pay</b>					
<ul style="list-style-type: none"> <li><b>A 12.9% increase in compliance was achieved and the stretch target was met allowing for the full 1% performance pay earned back.</b></li> </ul>					

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Organizational Measure																																																																																
Measure	Target	Achievement Criteria	2013-14	Trend	Status																																																																											
1.b Client Safety – Number of HIV tests performed in RQHR	<b>2012/13 Baseline:</b> 19,880  <b>2013/14 Target:</b> 20,864 (+994, +5%) Stretch target: 21,868 (+1988, +10%)	Region-Specific Achievement	21,445 tests performed	<table border="1"> <caption>Number of SDCL Lab Tests Performed for HIV per Month, Regina Qu'Appelle Health Region, 2013-2014</caption> <thead> <tr> <th>Month</th> <th>Actual</th> <th>Prenatal Tests</th> <th>Goal</th> <th>Baseline</th> </tr> </thead> <tbody> <tr><td>Jan 2013</td><td>1,664</td><td></td><td>1,901</td><td>1,267</td></tr> <tr><td>Feb 2013</td><td>1,398</td><td></td><td>1,901</td><td>1,267</td></tr> <tr><td>Mar 2013</td><td>1,768</td><td></td><td>1,901</td><td>1,267</td></tr> <tr><td>Apr 2013</td><td>1,530</td><td>436</td><td>1,901</td><td>1,267</td></tr> <tr><td>May 2013</td><td>1,760</td><td>436</td><td>1,901</td><td>1,267</td></tr> <tr><td>Jun 2013</td><td>1,563</td><td>541</td><td>1,901</td><td>1,267</td></tr> <tr><td>July 2013</td><td>1,710</td><td>471</td><td>1,901</td><td>1,267</td></tr> <tr><td>Aug 2013</td><td>1,665</td><td>477</td><td>1,901</td><td>1,267</td></tr> <tr><td>Sep 2013</td><td>1,736</td><td>360</td><td>1,901</td><td>1,267</td></tr> <tr><td>Oct 2013</td><td>1,860</td><td>358</td><td>1,901</td><td>1,267</td></tr> <tr><td>Nov 2013</td><td>1,820</td><td>366</td><td>1,901</td><td>1,267</td></tr> <tr><td>Dec 2013</td><td>1,644</td><td>427</td><td>1,901</td><td>1,267</td></tr> <tr><td>Jan 2014</td><td>1,789</td><td>365</td><td>1,901</td><td>1,267</td></tr> <tr><td>Feb 2014</td><td>1,557</td><td>366</td><td>1,901</td><td>1,267</td></tr> </tbody> </table>	Month	Actual	Prenatal Tests	Goal	Baseline	Jan 2013	1,664		1,901	1,267	Feb 2013	1,398		1,901	1,267	Mar 2013	1,768		1,901	1,267	Apr 2013	1,530	436	1,901	1,267	May 2013	1,760	436	1,901	1,267	Jun 2013	1,563	541	1,901	1,267	July 2013	1,710	471	1,901	1,267	Aug 2013	1,665	477	1,901	1,267	Sep 2013	1,736	360	1,901	1,267	Oct 2013	1,860	358	1,901	1,267	Nov 2013	1,820	366	1,901	1,267	Dec 2013	1,644	427	1,901	1,267	Jan 2014	1,789	365	1,901	1,267	Feb 2014	1,557	366	1,901	1,267	<ul style="list-style-type: none"> <li>An increase of 1,565 tests was achieved from the 2013/13 baseline of 19,880 tests.</li> <li>This represents a 7.9% increase in HIV tests performed in 2013/14.</li> </ul>
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<ul style="list-style-type: none"> <li>This includes all HIV testing that was done locally at RGH and the HIV Point-of-care testing that is conducted in community via Public Health and at All Nations Healing Hospital.</li> <li>A 7.9% increase in tests = 15.8% increase in pay or a (1% pay up to a maximum of 110% allocated for each .5% increase in number of tests).</li> </ul>																																																																																
<b>Performance Pay</b>																																																																																
<ul style="list-style-type: none"> <li><b>.79% pay is earned back based on a 7.9% increase in HIV tests performed.</b></li> </ul>																																																																																

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Organizational Measure						
Measure	Target	Achievement Criteria	2013-14	Trend	Status	
2. Number of workplace WCB lost time claims per 100 FTE in owned and operated RQHR facilities and community services	<b>2012/13 Baseline:</b> 7.34 <b>2017 Stretch Target:</b> Zero work time lost due to workplace injuries <b>2013/14 Target:</b> 10% reduction (6.61), stretch target 20% reduction (5.87)	Region-Specific Achievement	5.87 lost time claims/100 FTE	<p><b>Regina Qu'Appelle HEALTH REGION</b> <i>2013/14 Outcome Measure</i></p> <p>RQHR Injury Rate (WCB Lost Time Claims per 100 FTE) April 2012 to March 2017</p> <p>Legend: Monthly Target (Green line), Claims/100 FTE (Blue line)</p> <p>NOTES: Date Prepared: April 15, 2014 Report Contact: Kristal Zivarsch Source: MedGone / Workforce Planning Refresh Cycle: Monthly Operational Def: Claims - Monthly lost time WCB claims per 100 FTE Target: Zero lost time claims WCB claims by March 2017.</p> <p>2012-13: 7.34 Target=6.61 2013-14: 5.87 Target=6.61</p>	<ul style="list-style-type: none"> <li>Stretch target of 5.87 met</li> </ul>	
					<b>Analysis and Discussion</b>	
					<b>Performance Pay</b>	<ul style="list-style-type: none"> <li>Stretch target has been met for a 110% risk pay level. 2% of pay is earned back.</li> </ul>

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Patient/Client Satisfaction Measure					
Measure	Target	Achievement Criteria	2013-14	Trend	Status
3 Percentage of inpatients reporting through HQC survey in 2013 that they rate their hospital experience as 8, 9, or 10	<b>2017 Stretch Target:</b> 90%  <b>2013/14 Target:</b> Average change Jan 1-Dec 31, 2013: 72.8% (+ 2.7 percentage points) Stretch target: 75.5% (+ 5.4 percentage points)	Region-Specific Achievement	74.32% (2013 Jan – Dec average)		<ul style="list-style-type: none"> <li>6% increase in patient/client satisfaction score</li> </ul>
					<b>Analysis and Discussion</b>
					<ul style="list-style-type: none"> <li>A 6% increase in patient satisfaction was tracked (average of results from Jan – Dec 2013. Baseline was from Jan – Dec 2012).</li> <li>PFP based on 1% increase in compensation up to 110% for each .27% increase in patient satisfaction.</li> </ul>
					<b>Performance Pay</b>
					<ul style="list-style-type: none"> <li><b>A 6% increase in patient satisfaction = 22.22% increase in pay, Risk pay level achieved is the maximum of 110% or 2% pay earned back.</b></li> </ul>

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Behavioral Measure of Performance					
Measure	Target	Achievement Criteria	2013-14	Trend	Status
4. 360 degree feedback based on Manager Competency Portfolio (MCP) 360 Feedback Tool administered by HayGroup	<b>Target:</b> 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	10.2		<ul style="list-style-type: none"> <li>Met stretch target. The team score for the Management Competency Portfolio 360 degree model was 10.2</li> </ul>
					<b>Analysis and Discussion</b>
					<b>Performance Pay</b>
					<ul style="list-style-type: none"> <li><b>The final result of 10.2 meets the stretch target allowing for 2% risk pay earned back (110% of compensation allowed)</b></li> </ul>

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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> 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 percentage of patients waiting in excess of three months, 0.5 percentage points will be deducted from the 1.5 percent target.		Target achieved	0.3% additional compensation for every week less than three months.		25%
<b>1.b.</b> Percent of invasive cancer surgeries performed within 3 weeks (Province Wide)	Proportion of patients receiving invasive cancer surgery within 3 weeks remains at 2012-13 levels or higher (measured by a 3-month average).	Province-Wide Achievement	If % of surgeries performed within 3 weeks is less than achieved in 2012-13, 90% compensation.					
<b>1.a.</b> 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	If Target is not met, 90% compensation.		Target achieved	0.3% additional compensation for every week less than three months.		25%

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SYSTEM MEASURES OF PERFORMANCE								
Measure	Target	Achievement criteria	Compensation					Relative weighting of each measure
			90%	95%	100%	105%	110%	
<b>1.b.</b> Percent of invasive cancer surgeries performed within 3 weeks (Org Specific)	Proportion of patients receiving invasive cancer surgery within 3 weeks remains at 2012-13 levels or higher (measured by a 3-month average).	Organization-Specific Achievement	If % of surgeries performed within 3 weeks is less than achieved in 2012-13, 90% compensation.					
<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% target.				Target achieved	17%

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SYSTEM MEASURES OF PERFORMANCE								
Measure	Target	Achievement criteria	Compensation					Relative weighting of each measure
			90%	95%	100%	105%	110%	
<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 after all interfund transfers made.	Organization-Specific Achievement	If Target is not met, 90% compensation				If Target is met, 110% compensation	33%



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ORGANIZATIONAL MEASURES OF PERFORMANCE				
Measure	Target	Compensation		Relative weighting of each measure
		90%	91-110%	
2. a Client Safety – Average of the percentage of staff and physicians in acute care (urban and rural hospitals) who are observed practicing appropriate hand hygiene	<b>2012/13 Baseline:</b> 44.70% <b>2017 Stretch Target:</b> 100% <b>2013/14 Target:</b> 77.9% (+2.5 percentage points), Stretch target 80.4% (+5 percentage points)	44.70% or less	For every .25% increase in hand hygiene compliance, compensation will be increased by 1% to a maximum of 110%.	13%
1. b. Client Safety – Number of HIV tests performed in RQHR	<b>2012/13 Baseline:</b> 19,880 <b>2013/14 Target:</b> 20,864 (+1084, +5%) Stretch target: 21,868 (+1968, +10%)	19,880 or less	For every .5% increase, compensation will be increased by 1% to a maximum of 110%	13%
2. Number of workplace WCB lost time claims per 100 FTE in owned and operated RQHR facilities and community services	<b>2012/13 Baseline:</b> 7.34 <b>2017 Stretch Target:</b> Zero work time lost due to workplace injuries <b>2013/14 Target:</b> 10% reduction (6.61), stretch target 20% reduction (5.87)	7.34	For every 1% decrease in time lost due to 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%	91 – 110%		
Percentage of inpatients reporting through HQC survey in 2013 that they rate their hospital experience as 8, 9, or 10	2017 Stretch Target: 90%  2013/14 Target: Average change Jan 1-Dec 31, 2013: 72.8% (+ 2.7 percentage points) Stretch target: 75.5% (+ 5.4 percentage points)	Baseline (70.1% average Jan 1-Dec 31, 2012)	1% increase in compensation up to 110% for each .27% percentage increase in patient satisfaction		25%

BEHAVIOURAL MEASURES OF PERFORMANCE							
Measure	Target	Compensation					Relative weighting of each measure
		90%	95%	100%	105%	110%	
360 degree feedback based on Manager Competency Portfolio (MCP) 360 Feedback Tool administered by HayGroup	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%