

**PERFORMANCE BASED COMPENSATION (PBC)**



Leamington District Memorial Hospital

AIM		MEASURE			CHANGE					
Quality dimension	Objective	Outcome Measure/Indicator	Current performance	Performance goal 2011/12	Weighting	133%	100%	66%	33%	0%
Safety	Improve provider hand hygiene compliance	<b>Hand hygiene compliance before patient contact:</b> The number of times that hand hygiene was performed before initial patient contact divided by the number of observed hand hygiene indications for before initial patient contact multiplied by 100 - March 2009, consistent with publicly reportable patient safety data	72%	88%	14.00%	88.1% or higher	82.9% to 88%	77.5% to 82.8%	72.1% to 77.4%	72% or less
Effectiveness	Reduce unnecessary time spent in acute care	<b>Percentage ALC days:</b> Total number of inpatient days designated as ALC, divided by the total number of inpatient days. Q2 2010/11, DAD, CIHI	31.60%	20%	14.00%	19.9% or lower	20.6% to 20%	26.2% to 20.7%	31.7% to 26.3%	31.6% or higher
	Improve organizational financial health	<b>Total Margin (consolidated):</b> Percent by which total corporate (consolidated) revenues exceed or fall short of total corporate (consolidated) expense, excluding the impact of facility amortization, in a given year. Q3 2010/11, OHRS	1.81%	0	14.00%	.6% or higher	zero to .5%			Less than zero
Access	Reduce wait times in the ED	<b>ER Wait times:</b> 90th Percentile ER length of stay for <u>Admitted</u> patients. Q3 2010/11, NACRS, CIHI	25.03 hours	22.5 hours	14.00%	22.4 hrs or less	23.3 to 22.5 hrs	24.2 to 23.4 hrs	25 to 24.1 hrs	13.9 hrs or more
Patient-centred	Improve patient satisfaction	NRC Picker / HCAPHS: "Would you recommend this hospital to your friends and family?" (add together percent of those who responded "Definitely Yes") -INPATIENTS	59.7% IP -	69.4% IP	7.50%	69.5% or higher	66.3% to 69.5%	62.9% to 66.2%	59.5% to 62.8%	59.4% or lower
		NRC Picker / HCAPHS: "Would you recommend this hospital to your friends and family?" (add together percent of those who responded "Definitely Yes") -ED	43% ED -	56.4% ED	7.50%	56.7% or higher	52.2% to 56.6%	47.6% to 52.1%	43% to 47.5%	42.9% ED or lower
	Improve patient satisfaction - Emotional Support	ED Questions - Confidence/trust in ED Drs; ED got messages to family/friends; ED Nurse discussed fears/anxieties; Confidence/trust in ED Nurses; ED Dr. discussed anxieties/fears	ED - 58.1%	ED - 62.4%	7.50%	62.5% or higher	61.1% to 62.4%	59.7% to 61.0%	58.2% to 59.6%	58.1% or lower
		IP Questions - IP Dr. discussed anxieties/fears; IP Ease of finding someone to talk to; IP Nurse discussed anxieties/fears; IP Confidence/trust in Nurses; IP Confidence/trust in Drs	Acute Care - 60.8%	Acute Care - 67.9%	7.50%	68% or higher	65.6% to 67.9%	63.3% to 65.5%	60.9% to 63.2%	60.8% or lower
	Enhance senior friendly care	Screening tool for areas of confirmed risk for seniors. Source: Self Assessment Template SFC Erie St. Clair LHIN	67%	100%	14.00%		98% to 100%	97% to 86%	85% to 71%	70% or less

Note: Total bonus cannot exceed 2%  
 The 0% column is status quo or no improvement  
 The 100% column is achieving 95% to 100% of target  
 The 133% column is exceeding target.  
 Revised June 30, 2011 due to clerical error