

AIM		MEASURE				PERFORMANCE-BASED COMPENSATION % of available incentive			
Quality dimension	Objective	Outcome Measure/Indicator	Weighting	Current performance 2010-2011	Target for 2011/12	100%	66%	33%	0%
Safety	Improve provider hand hygiene compliance	Hand hygiene compliance before and after patient contact: The percentage of the number of times that hand hygiene is performed before and after patient contact.	25%	Before Patient contact 63% : After Patient Contact 66%	85 % Hand Hygiene Compliance Before and After Patient Contact	≥ 85 %	≥ 78 %	≥ 72 %	≤ 63 %
Effectiveness	Reduce unnecessary time spent in acute care	Percentage ALC days: Total number of inpatient days designated as ALC, divided by the total number of inpatient days. Q2 2010/11, DAD, CIHI	25%	10.2 SMGH 15.7 FCHS	≤ 15.7	≤ 15.7	≤ 21	≤ 26	> 26
Access	Reduce wait times in the ED	ER Wait times: 90th Percentile ER length of stay for Admitted patients. Q3 2010/11, NACRS, CIHI	25%	12.2	Provincial target < 8Hr, LHIN target 12 hrs, SMGH target 10.1 hours	≤10.1 hours	≤ 10.8	≤ 11.5	>12.2
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")	25%	NRC Picker Oct 2009 to Sept 2010, Day Surgery- 83.13% , Emergency 56.21 % , Inpatient 86.22 %	ED aim to meet or exceed provincial average 74%. Day Surgery and Inpatients- Aim to match or improve current results.	≥ 74%	≥ 68	≥ 62.3	≤ 56.2%