

How We Measure Up Report 2013-2014

Benchmark and measure notes

These notes offer additional information about our How We Measure Up Report's benchmarks and measures, found in our 2013-2014 Annual Report on pages 26-27.

Benchmark notes:

- 1 Based upon peer-reviewed literature related to Goal Attainment Scale (GAS) goals. Average improvement is not adjusted for acuity.
- 2 Results are from the 'Tell Us What You Think' survey, which is a tool that captures patient satisfaction and measures family centred services by using the CanChild Measure of Processes of Care (MPOC) questions and other questions that are relevant and are comparable to our system partners. The response rate for surveys in fiscal year 2012/13 was 12.7 per cent with a total of 379 families responding to surveys. In 2013/14, 649 surveys were completed by families and the response rate was over 16 per cent.
- 3 The Family Leadership Program creates partnerships with families so that their unique voices and insights are included in all areas of program planning, delivery and evaluation. A family leader can also act as a peer mentor, advisor or teacher within the program and sit on the hospital's Family Advisory Committee. The Family Leadership Program has over 110 families who are surveyed twice a year to measure level of 'authentic partnership.' Our target is an internal goal of 90 per cent.
- 4 At Holland Bloorview, 'hospital acquired infections' generally are a type of the common cold.
- 5 Holland Bloorview uses the same adverse event scale as the World Health Organization. We have not had a critical event/incident (e.g. severe harm or death) for over seven years since we began using the scale. We continue to review incidents as they arise to identify opportunities for improvement.
- 6 Hand hygiene is measured across 4 moments of care: 1. before initial contact with the client/environment, 2. before a procedure, 3. after a procedure or exposure to body fluids and 4. after patient/environment contact. We have a target of 95 per cent compliance for all 4 moments and our hand hygiene is evaluated weekly by auditors and who observe more than 2000 moments per year.

- 7 Our target is based on standards set by the Toronto Central Local Health Integrated Network (TC-LHIN).
- 8 The current ratio is a financial ratio that measures whether or not a firm has enough resources to pay its debts over the next 12 months. It compares a firm's current assets to its current liabilities. It is the per cent by which total corporate (consolidated) revenues exceeded or fell short of total corporate (consolidated) expenses, excluding the impact of facility amortization, in a given year.
- 9 The measure for wait times for our autism services shifted this year to reflect all clinics across Holland Bloorview. Last fiscal year, Holland Bloorview saw 80 per cent of new autism clients in 187 days. This fiscal year, Holland Bloorview saw 80 per cent of new autism clients in 147 days, despite almost doubling our referrals to the program. We will be striving for improved access in the coming fiscal year with a new wait time target of 151 days.
- 10 An Ontario Hospital Association derived benchmark. The scale is 0-7. The Electronic Medical Record Adoption Model is an eight-step process that allows you to analyze your organization's level of EMR adoption, chart your accomplishments, and track your progress against other healthcare organizations.
- 11 The industry benchmark for the overall quality of the student experience is 75-80 per cent of students indicating that their student experience was either very good or excellent. This measure represents student engagement. Holland Bloorview's results far exceed this standard at 91 per cent. To create an aspirational target, the indicator was modified to reflect "number of students indicating that their student experience was excellent." Last fiscal year those students indicating 'excellent' was at 51 per cent and we continue to keep our benchmark at 50 per cent as the measure evolves. There is no industry benchmark for 'excellent' only.
- 12 The Toronto Academic Health Sciences Network Education (TAHSN-E) survey is an academic hospital-wide collaborative survey to capture student educational experiences in a standardized and comparable way. The Inter-professional Education (IPE) question asks students if they 'participated in activities when two or more professions learned about, from and with each other to enable effective collaboration and improve health.' The survey measures IPE at facilities. The target was internally set as the TAHSN-E collaborative is in the process of evaluating data to establish benchmarks.

- 13 Number of peer-reviewed publications target is a median value of all other Toronto Academic Health Science Network (TAHSN) hospitals from 2011. Per investigator is based on Bloorview Research Institute's (BRI) 15 full-time equivalent (FTE) scientists and investigators.
- 14 The H-index measures both the productivity and impact of the published work of a scholar. The index reflects the number of highly cited papers published. An impact factor of 10 or greater typically implies that a researcher's work is being referenced by peers in the field well over 100 times per year and that the articles are being published in journals typically with impact factors greater than four and in many instances greater than six. A review of leading institutions who publish in childhood disability research revealed that the top 10 institutes have H-indexes between 38 and 125. Given the Bloorview Research Institute's (BRI) goal to be within the top 10 leading institutions in the next five years, we must reach a minimum H-index of 38 in the next five years. The current target is based on a linear extrapolation from our H-index in 2013 to a target of 38 in 2018.
- 15 Total amount of research funding by investigator is the median value of all other Toronto Academic Health Science Network (TAHSN) hospitals from 2011. Per investigator is based on the Bloorview Research Institute's (BRI) 15 full-time equivalent (FTE) scientists and investigators.
- 16 The number of investigators is calculated based on the number of full-time equivalent (FTE) scientists and investigators with Bloorview Research Institute (BRI) appointments and the number of research students (Masters, PhD and post-doctoral fellows). The benchmark is an average value across other TAHSN hospitals from 2011.
- 17 Staff engagement surveys are conducted every two years by Holland Bloorview. The hospital used a new survey provider in 2013 that offers health industry comparators, as well as total industry comparators for staff satisfaction and engagement. The measure is a compilation of six questions that together provide an overall measure of staff engagement. The survey response rate was 77 per cent, well above health industry standards typically at 44 per cent.
- 18 Turnover rate is based on the Ontario Hospital Association (OHA) benchmarking survey from 2012.

Target notes:

- a. The target is anchored in historical data with performance corridors set at five and 10 per cent to account for natural variations that occur within performance. The lowest acceptable performance score is 81 per cent.
- b. The target is the theoretical maximum as reported on Holland Bloorview's Quality Improvement Plan. The organization has reviewed three years of data and is aiming for the theoretical maximum with performance corridors set at five and 10 percent. The lowest acceptable performance score is 85.5 per cent.
- c. The target for wait times in fiscal year 2014/15 will be reduced to reflect the improvement work, historical data and aspirational movement of the organization in improving access to services.
- d. The target is based solely on health-care comparators. When considering all other industries combined, Holland Bloorview exceeds the top quartile which is 63 per cent, exceeds the top decile which is 73 per cent and we are fast approaching the top performers target for all industries at 93 per cent.