

Hospital e-Scorecard Report 2008: Rehabilitation
System Integration & Change Technical Summary

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1. Overview

This *SIC Technical Summary* presents additional details of the methodology and results not provided in *Hospital e-Scorecard Report 2008: Rehabilitation*. The Rehabilitation System Integration and Change (SIC) quadrant reports on indicators that assess efforts made by Ontario hospitals to evaluate integration of care, client-centred care, best practices, coordination of care across the continuum, organizational commitment to staff development, and a healthy work environment. This is the second year that the SIC Survey has been administered online.

Unlike the other three quadrants, there are few accepted standard measures in the areas captured by the SIC indicators. While some hospitals collect measures of employee skills and training, few measures of human capital and organizational learning are available through existing administrative databases. Available measures are also often unusable because variations in data coding create difficulties in comparing performance across organizations. Thus, the indicators used in the SIC quadrant of *Hospital e-Scorecard Report 2008: Rehabilitation* were derived from the *2008 SIC survey*.

For each SIC indicator, this *SIC Technical Summary* provides a description of the calculations used to arrive at indicator values and performance categories for participating hospitals. In addition, data on the distribution of scores for each indicator are provided for the province as a whole and for teaching, community and small hospital peer groups.

2. Methodology

The following sections describe the methodology used to identify indicators for *Hospital e-Scorecard Report 2008: Rehabilitation*, including the modification of the survey instrument, redevelopment of the indicators, the data collection process, a detailed description of how each indicator was constructed and the modified performance allocation method. There are four SIC indicators presented in *Hospital e-Scorecard Report 2008: Rehabilitation*.

After the multi-sector survey, consisting of 67 questions was entered into the survey tool, validation, skip logic, and workflow design were developed using the online software. In November 2007, three web-based demonstrations were conducted with approximately 85 hospitals in attendance. These web-based demonstrations included an online demonstration of how to navigate through the survey, discussion on frequently asked questions and an overview of the glossary of terms.

A pilot survey consisting of the SIC questions were conducted with eleven participating hospitals to receive feedback on question format and the online tool. The final survey was sent to Ontario hospitals via email in December 2007. Participant satisfaction, ease of use, and data quality were assessed by various qualitative and quantitative feedback methods.

Survey Redevelopment

As per initial discussions with the Ontario Ministry of Health and Long Term Care and the

Ontario Hospital Association, a condensed version of the SIC Survey was carried out in order to address specific areas.

Indicators proposed for the 2008 SIC survey fell into one of the following four categories:

1. Quality improvement (including the availability and use of clinical information technology)
2. Patient safety
3. Received extensive media attention in *Hospital Report 2007*
4. New indicator in Hospital Report 2007 (which allow for comparison in Hospital e-Scorecard Report 2008)

Also, the following question was added to the 2008 Survey: What are your top three patient safety or quality improvement initiatives? This question was asked in order to gauge hospital's key patient safety priorities.

It is important to note that there is no difference in methodology with the shortened version of the survey.

Describing the Survey Process

The survey was administered in December 2007. A total of 55 rehabilitation facilities completed and returned the surveys for a response rate of approximately 91.67%. Hospitals were asked to complete one survey for the entire corporation.

For the second year, a web-based survey was distributed via email to the Hospital e-Scorecard Report main contact at each organization. The Hospital e-Scorecard Report main contact disseminated the sections of the survey (via the custom-designed workflow of the online survey) to the person in the organization who possesses the most knowledge about topics covered in that section. At the end of each section, one individual was required to sign-off on a statement of accuracy. This statement required hospital personnel to confirm that their responses were accurate and reflected the current operating circumstances.

Hospitals were given approximately six weeks to complete the survey. One month after the initial distribution of surveys, reminder notices were sent to hospitals that had not yet completed the survey. Responses, by hospital type, are presented below.

Table 2.1: Rehabilitation SIC Surveys Completed

	Completed Surveys	Surveys Not Returned/ Non-participating	Total
Freestanding Rehabilitation facilities	10	2	12
Rehabilitation hospitals with Acute Care	45	3	48
All Rehabilitation Hospitals	55	5	60

Data Quality and Verification

The indicators for this quadrant are based on hospital survey data that are inevitably subject to a "social desirability bias". That is, consciously or unconsciously, respondents may answer questions in a way that puts their organization in the best possible light. To counteract this bias, an effort was made to construct survey questions that focused on specific behaviours rather than attitudes. Despite this focus, opportunities remained for varying interpretations, and some degree of interpretation may still be reflected in answers to many of the questions.

CIHI analysts performed data quality checks on the completed surveys to ensure that all mandatory questions were answered and that skip logic, validation and question masking were performed correctly by the online survey. CIHI followed-up with seven hospitals via email and asked the Hospital e-Scorecard Report main contact to complete the missing questions in a hard copy document. Analysts then entered this data into the populated database. Two analysts then developed SAS code for the indicator calculations independently of each other and compared results. Once the SIC indicator scores were produced, random manual checks of hospitals' scores were done by examining the original surveys to ensure a high level of reliability.

Hospitals were not sent preliminary values for the survey questions that were used in the calculations of the SIC indicators. This is because there were phone calls made and emails were sent after the surveys were received, where hospitals were given ample time to respond to any data quality issues or missing answers that were detected.

Developing the Indicators

The four SIC indicators used in *Hospital e-Scorecard Report 2008: Rehabilitation* are:

1. Healthy Work Environment
2. Evidence of Client-Centred Care
3. Best Practices
4. Coordination and Continuity of Care Across the Continuum

The Healthy Work Environment indicator is a corporate-level indicator, while the remaining indicators are specific to rehabilitation. The Coordination and Continuity of Care Across the Continuum indicator presented in *Hospital e-Scorecard Report 2008: Rehabilitation* is calculated for the following RCG groups: All RCGs, Total Stroke, Total Orthopaedic Conditions, Post Hip Fracture, and Post Hip and Knee Replacement groups. Despite the different RCG categories, the method of indicator calculation remains constant.

Once the surveys were completed, the process of confirming the questions to be used in the SIC indicator calculations for *Hospital e-Scorecard Report 2008: Rehabilitation* began. Response distributions were calculated for each question in the *2008 SIC survey*.

During the 2007 survey redevelopment process, modifications were made to *Hospital e-Scorecard Report 2008: Rehabilitation* indicators such as recalculation and reweighing of

indicators, and adding new or deleting survey indicator questions. Therefore, please note that caution should be taken when comparing indicator results with previous years. Please see Appendix A for list of indicator changes.

Scoring of the Indicator

A detailed description of the questions used and points allocated in the construction of each of the four indicators is provided below. To calculate the indicator score, each question must be multiplied by the specified weighting. For example:

Hospital A received 18 points for Question X out of a possible total of 25 points. To calculate the contribution of this question to the indicator score, divide hospital A's score (18) by the total possible points (25) and multiply by the specified weighting for Question X (23%). Therefore, hospital A received 16.56% of the total indicator score for question X.

The weights for each question are provided in tables at the end of each indicator. The weighted scores are then summed for each question to get the overall score for that component of the indicator. For example:

Component Score =

$$\left\{ \left(\frac{HospitalQuestionScore}{MaximumQuestionScore} \times QuestionWeight \right) + \left(\frac{HospitalQuestionScore}{MaximumQuestionScore} \times QuestionWeight \right) + \dots \right\}$$

The overall indicator score is calculated by summing the scores for each component. When a question is not applicable to a hospital, the question is removed from the denominator for that component.

3. Detailed Description of the Indicator Calculations

Indicator 1: Healthy Work Environment

The Healthy Work Environment indicator was designed to measure the extent to which hospitals have mechanisms in place to support and promote a healthy work environment and thereby contribute to employee’s physical, social, mental and emotional well-being. Four components and eleven questions from section 5 were used to calculate this indicator.

This year, the Healthy Work Environment indicator is calculated across all sectors.

Note: Hospitals who participated in multiple sectors would have the same Healthy Work Environment score across all sectors. However, the provincial average and performance allocation for that indicator would vary because it is based on participating hospitals within that sector only.

Table 3.1: Healthy Work Environment Indicator Summary

Question	Total Possible Points	Overall Weighting
Component 1: Healthy Workplace Plan/Policy (30%)		
Section 5, Question 13a	3	30%
Section 5, Question 13b	2	
Component 2: Accountability & Responsibility (10%)		
Section 5, Question 14a	3	10%
Section 5, Question 14b	3	
Component 3: Assessment, Analysis, and Improvement (20%)		
Section 5, Question 15a	3	20%
Section 5, Question 15b	22	
Section 5, Question 15c	16	
Component 4: Key Dimensions (40%)		
Section 5, Question 16	18	27%
Section 5, Question 17a	3	13%
Section 5, Question 17b	4	
Section 5, Question 17c	3	
Total Score		100%

Component 1: Healthy Workplace Policy/Plan (30%)

Section 5, Question 13a:

Organizations were asked if their healthy workplace policy/plan extended beyond policies mandated by health and safety legislation.

Response	Points	Total Point Allocation
No	0 points	3 points
Yes	3 points	
Maximum points for each item <i>Only one option can be selected</i>	3 points	

Section 5, Question 13b:

This question asked if the organization’s healthy workplace policy/plan was based on an employee needs assessment.

Response	Points	Total Point Allocation
There was <i>no</i> assessment process in place to evaluate employee needs, attitudes and preferences in regard to healthy workplace programs	0 point	2 points
There was <i>an informal</i> assessment process in place to evaluate employee needs, attitudes and preferences in regard to healthy workplace programs	1 point	
There was <i>a formal</i> assessment process in place to evaluate employee needs, attitudes and preferences in regard to healthy workplace programs	2 points	
Maximum points for each item <i>Only one option can be selected</i>	2 points	

Component 2: Accountability & Responsibility (10%)

Section 5, Question 14a:

This question asked if accountability and responsibility for healthy workplace initiatives were formally assigned within the organization.

Response	Points	Total Point Allocation
No	0 points	3 points
Yes	3 points	
Maximum points for each item <i>Only one option can be selected</i>	3 points	

Section 5, Question 14b:

If accountability and responsibility for healthy workplace initiatives were formally assigned within the organization, they were then asked to specify which group was accountable and responsible for healthy workplace initiatives.

Response	Points	Total Point Allocation
Senior Management	1 point	3 points (2 + 1)
Accountability and responsibility were shared broadly throughout the organization	2 points	
Maximum points for each item <i>Only one option can be selected</i>	2 points	

Component 3: Assessment, Analysis, & Improvement (20%)

Section 5, Question 15a:

Organizations were asked if there were processes in place to assess and analyze the organization's approach to healthy workplace issues.

Response	Points	Total Point Allocation
No	0 points	3 points
Yes	3 points	
Maximum points for each item <i>Only one option can be selected</i>	3 points	

Section 5, Question 15b:

Organizations were asked to identify which of the following outcomes associated with developing a healthy workplace were collected and analyzed within the organization.

Outcomes used for scoring:		
• All 11 Outcomes listed in question 15b		
Response	Points	Total Point Allocation
This was not analyzed	0 point	22 points (2*11)
This is analyzed informally	1 point	
This is analyzed formally	2 points	
Maximum points for each item <i>Only one option can be selected</i>	2 points	

Section 5, Question 15c:

This question asks organizations how they disseminated information about the outcomes associated with their healthy workplace policy/programs.

Groups used for scoring:		
<ul style="list-style-type: none"> • The Board or Board of Committees • Management Team • Physicians • Patient Care and other Hospital Staff 		
Response	Points	Total Point Allocation
Data not Shared with this group	0 points	16 points (4*4)
Internal written report is circulated about key highlights	1 point	
Verbal Presentation and Discussion of results (e.g. in an open forum)	3 points	
Results reviewed beyond the initial verbal presentation for a specific initiative		
Maximum points for each item <i>Multiple options can be selected for each item</i>	4 points	

Component 4: Key Dimensions (40%)

Section 5, Question 16:

Organizations were asked about 7 processes in place to support a positive psychosocial environment.

Processes used for scoring:		Total Point Allocation
<ul style="list-style-type: none"> • Job Definition and Clarification of Work Roles • Orientation Programs • Assessment of Existing workloads and contrasting them with current staffing patterns and Patient/Client demands • Recognition of Diversity • Provide work opportunities sensitive to the needs of older workers 		
Response	Points	18 points (2*5 + 4*2)
This was not undertaken	0 points	
This was undertaken informally	1 point	
This was undertaken formally	2 points	
Maximum points for each item <i>Only one option can be selected</i>	2 points	
Processes used for scoring:		
<ul style="list-style-type: none"> • Participation of front-line employees in decision-making and overall control of their jobs • Creating innovative schedules, hours of work and job sharing arrangements to meet the needs of work settings 		
Response	Points	
This was not undertaken	0 points	
This was undertaken informally	2 points	

This was undertaken formally	4 points	
Maximum points for each item <i>Only one option can be selected</i>	4 points	

Section 5, Question 17a:

This question asked if there were one or more healthy lifestyle programs offered by your organization.

Response	Points	Total Point Allocation
No	0 points	3 points
Yes	3 points	
Maximum points for each item <i>Only one option can be selected</i>	3 points	

Section 5, Question 17b:

If an organization indicated there was a healthy lifestyle program offered, they were asked which of the healthy lifestyle program(s) included any of the 4 components.

Response	Points	Total Point Allocation
A formal approach to education and skill development that extends beyond simply providing written information	1 point	4 points (1 * 4)
Assessment of behaviour change among employees de to use of healthy lifestyle programs	1 point	
Monitoring/evaluation of utilization of programs	1 point	
Long term planning including allocation of financial resources	1 point	
Maximum points for each item <i>Only one option can be selected</i>	1 point	

Section 5, Question 17c:

Organizations were asked if their program(s) were developed (or lack thereof) based on an employee needs assessment.

Response	Points	Total Point Allocation
No	0 points	3 points
Yes	3 points	
Maximum points for each item <i>Only one option can be selected</i>	3 points	
Note: If organizations answered in Q17a = 'NO' and Q17c = 'YES', then Q17 was removed from the component and the key dimensions component was composed of Q16 only.		

Indicator 2: Evidence of Client-Centred Care

The Evidence of Client-Centred Care indicator was designed to reflect the extent to which care, at the level of the individual client, is being provided in a client-centred manner. This indicator is comprised of four components and five questions from section 7.

Table 3.2: Evidence of Client-Centred Care Indicator Summary

Question	Total Possible Points	Overall Weighting
Component 1: Patient/Family Information and Education (28%)		
Section 7, Question 26	10	9%
Section 7, Question 27	8	19%
Component 2: Family Involvement (14%)		
Section 7, Question 28	4	14%
Component 3: Involving Patients in Decision-Making (34%)		
Section 7, Question 29	18	34%
Component 4: Emotional Support for Patients/Families (24%)		
Section 7, Question 60a, b	13.5	24%
Total Score		100%

Component 1: Patient/Family Information and Education (28%)

Section 7, Question 26:

This question looks at the extent to which hospitals provide patients and families with printed information on services and opportunities.

Response	Points	Total Point Allocation
Information is not provided	0 points	10 points (2*5)
Information is provided prior to admission	1 point	
Information is readily accessible within the Rehabilitation services	1 point	
Maximum points for each item <i>Multiple options can be selected for each item</i>	2 points	

Section 7, Question 27:

This question looks at the extent to which hospitals customize educational activities to the individual needs of patients and/or families.

Response	Points	Total Point Allocation
There is no process in place	0 points	8 points (2*4)
There is an informal process	1 point	
There is a formal process	2 point	
Maximum points for each item <i>Only one option can be selected</i>	2 points	

Component 2: Family Involvement (14%)

Section 7, Question 28:

This question looks at the extent to which hospitals have processes to involve families in patient care.

Response	Points	Total Point Allocation
There is no process in place	0 points	4 points (2*2)
There is an informal process	1 point	
There is a formal process	2 point	
Maximum points for each item <i>Only one option can be selected</i>	2 points	

Component 3: Involving Patients in Decision-Making (34%)

Section 7, Question 29:

This question looks at the extent to which hospitals have processes in place to incorporate patient input into decision-making about care, goals, treatment, and discharge planning.

Response	Points	Total Point Allocation
There is no process in place	0 points	18 points (2* 7 + 4)
There is an informal process	* 1 points	
There is a formal process	* 2 points	
Maximum points for each item <i>Only one option can be selected</i>	2 points	
Note: * Row E: Evaluation by the patient of progress toward goal achievement, is scored as follows: 0 points allocated if there is no process in place, 2 points if there is an informal process, and 4 points if there is a formal process.		

Component 4: Emotional Support for Patients/Families (24%)

Section 7, Question 30a, b:

This question looks at the extent to which hospitals have formal processes for assessing and documenting emotional support needs and the existence of mechanisms for provision of emotional support.

Response	Points		Total Point Allocation
30 a)			13.5 points (6 + 7.5)
We do not have a formal process to assess and document patient or family emotional support needs	0 points		
We have a formal process for patients	4 points		
We have a formal process for families	2 points		
Maximum points for each item <i>Multiple options can be selected for each item</i>	6 points		
30 b)	For Families	For Patients	
None of these mechanisms are in place	0 points	0 points	
Provide one-to-one counseling	1 point	2 points	
Provide group counseling	1 point	2 points	
Provide formal buddy system	1 point	2 points	
Provide printed information	0.5 points	1 point	
Maximum points for each item <i>Multiple options can be selected for each item</i>	7.5 points		
* The row with the highest points becomes the selected clinical issue for Component 1.			

Indicator 3: Best Practices

The Best Practices indicator was designed to measure the extent to which a best practice approach, involving integrating information from patients and/or family members and individual clinical experience/expertise with the best available evidence in making decisions about the care of individual patients, is utilized. This indicator is comprised of three components calculated using one question from section 2 and two questions from section 7.

Table 3.3: Best Practices Indicator Summary

Question	Total Possible Points	Overall Weighting
Component 1: Searching the Research Evidence (20%)		
Section 2, Question 3 a, b, c (row F)	9	20%
Component 2: Integration of Best Practices (40%)		
Section 7, Question 31	10	40%
Component 3: Organizational Infrastructure to Support Best Practices (40%)		
Section 7, Question 32	10	40%
Total Score		100%

Component 1: Searching the Research Evidence (20%)**Section 2, Question 3:**

This question looks at the extent to which hospitals have resources available for staff for decision support applications.

Response	Points	Total Point Allocation
No staff has access to resources	0 points	9 points (3*3)
Few (< 25%) staff has access to resources	1 point	
Some (25%-74%) staff has access to resources	2 point	
Most (75+ %) staff has access to resources	3 points	
Maximum points for each item <i>Only one option can be selected</i>	3 points	
Note: This question was asked for three staff groups only. These were counted from Questions 3a) (physicians) 3b) (nurses) or 3c) (other patient care staff)		

Component 2: Integration of Best Practices (40%)**Section 7, Question 31:**

This question looks at the existence of processes in hospitals to integrate best practices into the services delivered (e.g. process in place for adapting practice protocols or practice guidelines).

Response	Points	Total Point Allocation
There is no process in place	0 points	10 points (2*5)
There is an informal process	1 point	
There is a formal process	2 point	
Maximum points for each item <i>Only one option can be selected</i>	2 points	

Component 3: Organizational Infrastructures to Support Best Practices (40%)**Section 7, Question 32:**

This question looks at the existence of organizational infrastructures to support best practices.

Response	Points	Total Point Allocation
There is no process in place	0 points	10 points (2*5)
There is an informal process	1 point	
There is a formal process	2 point	
Maximum points for each item <i>Only one option can be selected</i>	2 points	

Indicator 4: Coordination and Continuity of Care Across the Continuum

The Coordination and Continuity of Care Across the Continuum (All RCGs, Total Stroke, Total Orthopaedic Conditions, Post Hip Fracture, Post Hip Replacement, and Post Knee Replacement) indicator was designed to reflect the degree of coordination and continuity evident for patients who are discharged from inpatient rehabilitation settings. This indicator is comprised of three components and seven questions from section 7.

Table 3.4: Coordination and Continuity of Care Across the Continuum Indicator Summary

Question	Total Possible Points	Overall Weighting
Component 1: Pre-admission Screening and Assessment (7.5%)		
Section 7, Question 33	2	7.5%
Component 2: Linkages across the Continuum of Care (15%)		
Section 7, Question 34	3	15%
Component 3: Follow-up After Discharge and Periodic Readmissions (77.5%)		
Section 7, Question 35	2	20%
Section 7, Question 36	2	35%
Section 7, Question 37	2	
Section 7, Question 38	2	15%
Section 7, Question 39	2	7.5%
Total Score		100%

Component 1: Pre-admission Screening & Assessment (7.5%)Section 7, Question 33:

This question looks at the existence of processes for screening and assessment for patients awaiting admission to inpatient rehabilitation.

Response	Points	Total Point Allocation
Rehab staff/physician completes pre-admission assessments or screening assessments for some patients for any RCG	1 point	2 points
Rehabilitation staff/physician completes pre-admission assessments or screening assessments for most patients for any RCG	2 points	
Maximum points for each item <i>Only one option can be selected</i>	2 points	

Component 2: Linkages Across the Continuum of Care (15%)Section 7, Question 34:

This question looks at the extent to which hospitals are engaged in joint initiatives with other service providers regarding such entities as clinical practice guidelines.

Response	Points	Total Point Allocation
A joint activity is performed with either acute care hospitals or other complex continuing care/rehabilitation providers	1 point	3 points
A joint activity is performed with either CCACs or long-term care facilities	1 point	
Any other joint partnership	1 point	
Maximum points for each item <i>Multiple options can be selected for each item</i>	3 points	

Component 3: Follow-up After Discharge & Periodic Readmissions (7.5%)

The following questions address ongoing contact with patients discharged from rehabilitation services.

Section 7, Question 35:

This question looks at whether there is a process in place for patients to contact program staff after discharge.

Response	Points	Total Point Allocation
There is an informal process	1 point	2 points
There is a formal process	2 point	
Maximum points for each item <i>Only one option can be selected</i>	2 points	

Section 7, Question 36:

This question looks at whether there is a process in place for staff to make follow-up telephone contact with patients discharged.

Response	Points	Total Point Allocation
There is an informal process	1 point	2 points
There is a formal process	2 point	
Maximum points for each item <i>Only one option can be selected</i>	2 points	

Section 7, Question 37:

This question looks at whether there is a process in place to arrange follow-up assessment visits at the organization or at home by staff from the organization for patients discharged.

Response	Points	Total Point Allocation
There is an informal process	1 point	2 points
There is a formal process	2 point	
Maximum points for each item <i>Only one option can be selected</i>	2 points	

Section 7, Question 38:

This question looks at whether there is a process in place to arrange outpatient therapy or day hospital visits for patients discharged.

Response	Points	Total Point Allocation
There is an informal process	1 point	2 points
There is a formal process	2 point	
Maximum points for each item <i>Only one option can be selected</i>	2 points	

Section 7, Question 39:

This question looks at whether there is a process in place to enable periodic readmissions of patients back into the inpatient rehabilitation services after they have completed their inpatient rehabilitation program.

Response	Points	Total Point Allocation
There is an informal process	1 point	2 points
There is a formal process	2 point	
Maximum points for each item <i>Only one option can be selected</i>	2 points	

4. Performance Allocation Methodology: Rehabilitation

As in previous report, a three-point scale was used to designate performance allocations as "above average", "average" or "below average". This section describes the method for determining relative performance between organizations.

Determining relative performance among hospitals for the four indicators derived from the *Hospital e-Scorecard Report 2008 SIC Survey* was based on two peer groups: teaching/community hospitals and small hospitals. Peer group reporting was adopted because small hospitals face different challenges in carrying out many of the activities reported in the SIC survey. In addition, not all of these indicators apply equally to small hospitals and teaching/community hospitals. For example, it might be less meaningful for a small hospital to conduct a formal patient or employee satisfaction survey when they only have 200 discharges annually or 80 full-time staff. Small hospitals were defined as those hospitals funded using the JPPC Small Hospital Rate Model. Please refer to www.jppc.org for more information.

Hospitals are allocated into three categories: "below average", "average", and "above average", determined by the position of the hospital's indicator value relative to the mean indicator value of its peer group. These values were reviewed to ensure meaningful differences among hospitals in the three categories. The criteria used to determine relative performance in each peer group is described below.

The performance allocation method used in the Hospital e-Scorecard Report 2008 SIC indicators determines the upper and lower cut points based on the 95th percentile as above average and the 5th percentile as below average. This interval should capture roughly 90% of the indicator values. This method does not require normality and bounded the cut points within 0 to 100. This method is consistent among all sectors of the System Integration and Change quadrant.

Table 4.1 shows the cut off values correspond for each of the indicators. Hospitals with scores above or below these cut points were respectively identified as hospitals with above or below average levels of performance.

Table 4.1: Indicator cut points

Indicator	Below Average Cut-Off Point	Above Average Cut-Off Point	Total Possible Score
Healthy Work Environment	33.33	99.51	100.00
Evidence of Client Centered Care Indicator	41.60	100.00	100.00
Best Practices	38.67	100.00	100.00
Coordination and Continuity of Care Across the Continuum (All RCG's)	36.25	100.00	100.00
Coordination and Continuity of Care Across the Continuum (Total Stroke)	22.50	100.00	100.00
Coordination and Continuity of Care Across the Continuum (Total Orthopaedic)	26.25	100.00	100.00
Coordination and Continuity of Care Across the Continuum (Post Hip Fracture)	15.00	100.00	100.00
Coordination and Continuity of Care Across the Continuum (Post Hip and Knee Replacement)	26.25	100.00	100.00

It is important to consider the meaning and value of these cut points. The methodology used for identifying these cut points (which subsequently mark an organization as having average, or above, or below average performance in each of these areas) is reasonable, scientifically sound, and conservative, however, the results need to be interpreted somewhat cautiously since the range of scores that capture "average" performance on these indicators is quite large. Hospitals with scores close to the upper or lower cut points can gain an increased understanding of their performance levels upon receipt of their hospitals' results.

From a performance improvement standpoint, a hospital achieving a score of 35 on the Healthy Work Environment indicator, while identified as having "average" level of performance, falls very close to the "below average" cut point. Moreover, 35 points on the Healthy Work Environment indicator means that the teaching/community hospital has minimal mechanisms in place to support and promote a healthy work environment and thereby contribute to employee's physical, social, mental and emotional well-being. Clearly there is opportunity for considering improvement in this area for such a hospital.