

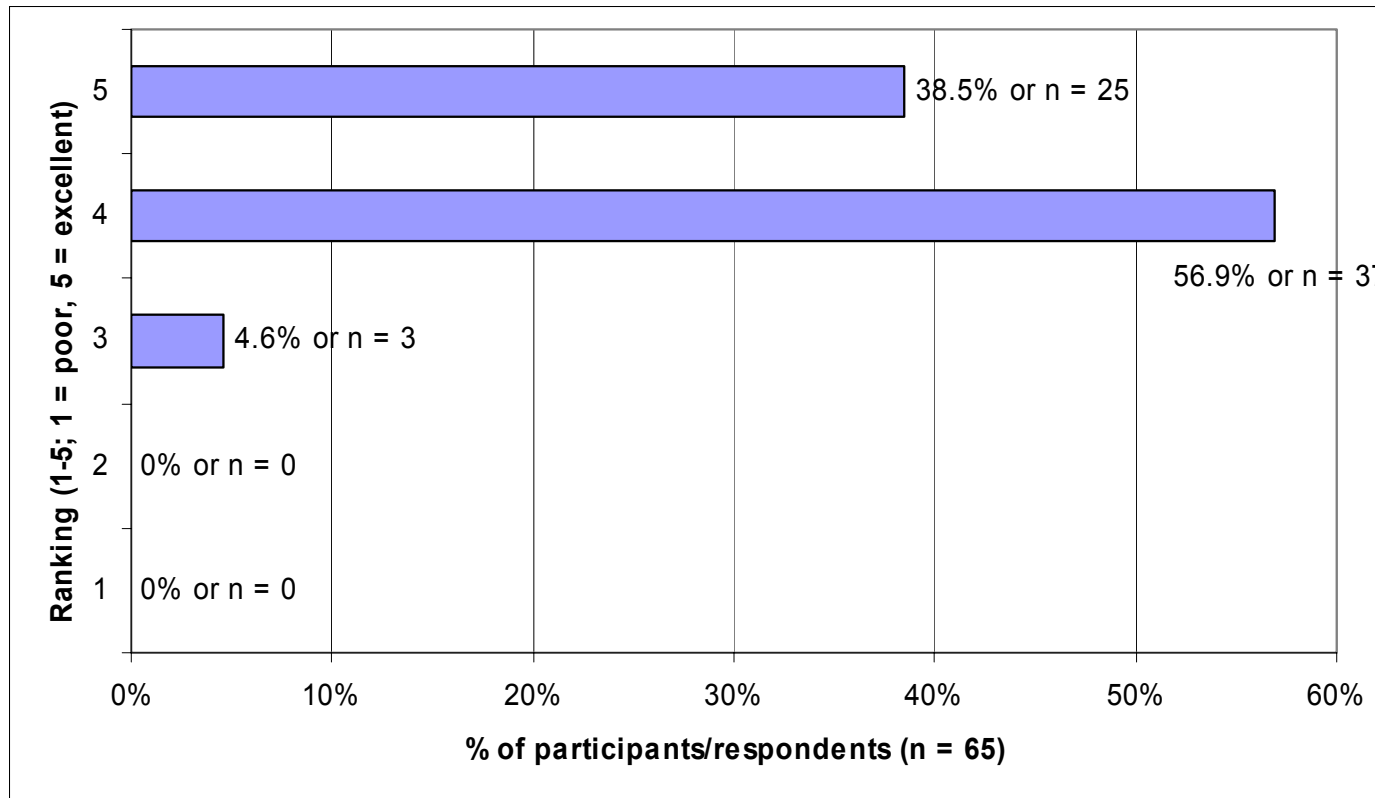
Strategy-Based Performance Measurement and Benchmarks A Symposium for Ontario Hospitals

June 10-11 2004

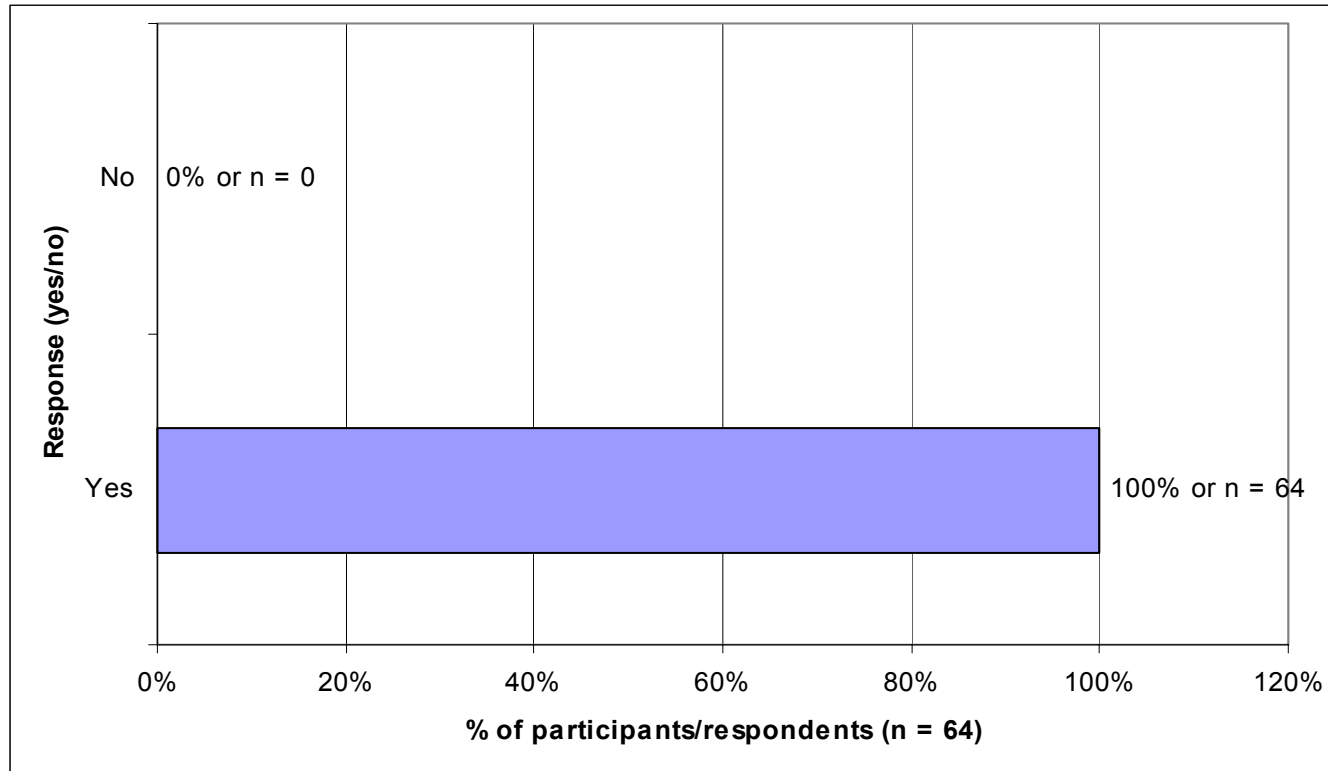
PARTICIPANT EVALUATIONS

n = 66 evaluations completed and
submitted for analysis

Overall value of symposium (1-5...1 = poor; 5 = excellent)

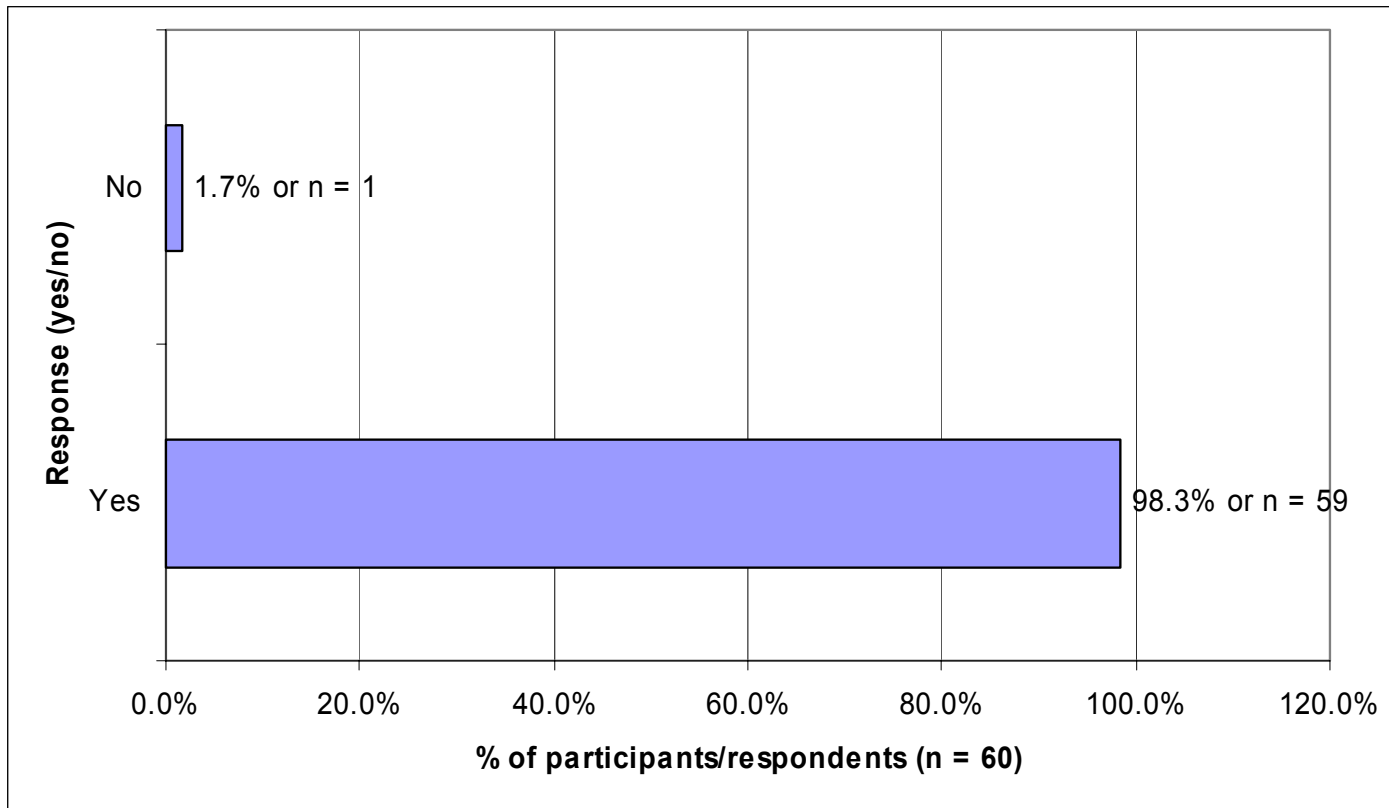


Usefulness of symposium format (yes/no)



Comments: The combination of formats was appropriate. Breakout groups were well-divided and it was a good idea to pre-select them. There was excellent, interactive discussion within groups. Multiple perspectives were key. The Q&As were valuable. Participants would have liked to hear breakout group results. The benchmarking material was a little too dense/complex after lunch.

Appropriateness of target audience and representation (yes/no)



Comments: Participants would have liked to see more physicians, OMA, Ministry, and CPSO representatives, CEOs, and board members. There was a good mix of executives and disciplines. We may want to integrate other sectors and leaders in other industries. There was a resistance to involving consumers.

Suggestions for future *Hospital Report* Symposiums

ATTENDEES/AUDIENCE

- Include more senior MOHLTC decision-makers and physicians
- Include consumer group representatives and regulatory boards
- Tailor different symposiums for different groups (i.e. front-line/middle managers, senior leaders, physicians/clinicians, etc.)

MATERIALS

- Provide participant list
- Provide extra copies of tools/materials used (e.g. strategic challenges template)

TOPICS

- Best practices examples in improvement based on HR findings
- Operation benchmarks
- Why benchmark hospitals are benchmark hospitals
- Performance agreements
- Links with reports/business case(s) submitted to MOHLTC
- Breakthrough strategies and how to implement them
- Follow-up on how results of symposium have been implemented
- How data is being used to develop system wide strategies
- How hospitals are making use of data and are held accountable based on data
- How other industries/sectors use benchmarking
- Patient safety
- Cross-quadrant linkages
- Integration (i.e. measuring co-operation and continuity)
- Impact of community, population demographics, etc. on patient satisfaction ratings