DISCUSSION DOCUMENT:
Priority themes and recommendations for
KHSC Innovation Portfolio

Table of Contents

A. Introduction

Innovation reflects our courage to try new things, challenge what we know, create new knowledge and transform health care.

Following the integration of Hotel Dieu Hospital (HDH) and Kingston General Hospital (KGH) in 2017, Kingston Health Sciences Centre (KHSC) launched a corporate strategy that included a new mission, vision, values as well as four strategic directions. This plan will guide day-to-day decisions across both sites and serve as our roadmap as we navigate and address the challenges facing our hospital and our health care system. Within the KHSC strategy for *Transforming care, together*, there is an explicit commitment to innovation, both as a value and as a strategic direction to *improve the health of our communities through partnership and innovation.* In order to achieve this, and move closer to our vision of achieving better health for our communities while transforming our health care system, a process to create an Innovation Portfolio is being undertaken. This portfolio will encourage, nurture and celebrate innovation at all levels of the organization, from everyone who works, learns, volunteers, receives care or partners with KHSC. The Innovation Portfolio will identify and support themes that are aligned to population health needs, will be driven by areas of excellence at KHSC and its key partners, and will foster a culture of innovation.

This discussion document presents a summary of the themes identified to date and the recommended next steps for action. The themes proposed have been developed based on discussions within KHSC, with Queen's University leadership, with regional partners and with external experts (see list *Appendix A*). They have been influenced by gaps and opportunities identified within our hospital or regional as well as the strengths, talents and research we can bring to bear upon them.

Before describing these in detail, however, some clarity is provided around how research and innovation intersect, how Quality Improvement and Innovation intersect, and also the types of KHSC partnerships that are referenced.

Research or Innovation?
No distinct line can be drawn between where research ends and innovation begins .... indeed some of the innovation themes that are identified below (specifically Internal pillar items numbers 1 and 4) clearly overlap with research strengths and priorities at KHSC and at Queen's University. This is in fact intentional, in that the KHSC innovation portfolio *should* build on local research strengths.

That being said, for several of the themes below a distinction is helpful: the *research* aspects of these themes will include the development and testing of new interventions, tools and

technologies, whereas the *innovation* aspects are focused on implementation, spread, evaluation in practice, and sustainability once research is complete with evidence generated to support adoption. In these areas of overlap, close partnering between KHSC leads and relevant research tables at Queen's are recommended to ensure optimal integration of efforts. This is particularly important where the clinical champions for the adoption of research findings are investigators in the research team.

Quality Improvement or Innovation?
Similar to the overlap between research and innovation, the boundaries between what may be seen as quality improvement (QI) and innovation are also blurred. For example - High performing quality improvement teams develop *innovative* approaches to solving problems. At KHSC the overlap with QI in the themes proposed for the Innovation Portfolio (particularly Internal Pillar themes 2 and 3) are largely in the realm of improvements in *care delivery*. For the purposes of clarity, it is expected those projects or programs which will fall into the innovation portfolio will be larger scope and scale and transformative in nature, as opposed to those found in the Quality Improvement Roadmap.

Partnerships
Partnership is a core value of the new KHSC strategic plan[1]. Partnerships will play out in all aspects of the work done at KHSC. Within the Innovation Portfolio of KHSC, Queen's University and in particular the Faculty of Health Sciences (FHS) will play a vital partnering role – innovative projects or programs led by FHS Faculty that take place within the hospital setting are part of their University scholarship contributions and also represent innovation leadership for KHSC. Thus where relevant each theme below indicates the *partners* which should be engaged with KHSC in driving innovation forward – and also what role KHSC is likely best placed to play (leader or co-leader, enabler, partner).

Innovation Portfolio Pillars
The proposed portfolio is comprised internal and external pillars. The internal pillar includes, but is not limited to, themes that might be considered so-called "Capital I" innovations - i.e. early translational work of novel medical services, programs or technologies driven by the leaders within our academic tertiary centre. The external pillar examines the opportunities for innovation that could be afforded by KHSC's leadership within the Southeast Local Health Integration Network (SE LHIN) and how this region could become a living laboratory for innovative solutions that address regional population health needs and health care system issues.

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[1] http://www.kgh.on.ca/report/our-strategy-transforming-care-together

B. Internal Pillar: Discover and apply innovations that improve patient outcomes and make our communities healthier

Throughout the initial engagement (see *Appendix A*), it was repeatedly noted that "innovation is the way we should do our work*"*. This means that as a tertiary, academic acute care hospital, we need to be constantly striving to adopt new evidence-based approaches, technologies and programs that enhance our tertiary service offerings. Thus, although the Innovation Portfolio will call out specific themes around which special effort or investment will be made, innovation should not be limited to these. KHSC must strive to improve care as a part of our everyday actions and truly embrace a culture of innovation.

Based on both the internal discussions and interviews, as well as the external inputs, six internal themes have been articulated. These can be roughly conceptualized as themes relating to innovations in *care* (what we do), innovations in *models of care* (how we do it) and innovations in *institutional business practices* (how we support our work). As the content of the portfolio is developed, specific projects or programs will fall under each theme.

1. ### 21st century interventional medicine

   This theme captures much of the "capital I" innovation that is ongoing, nascent and for which there is interest in further development at KHSC and with our partners.

   Advanced minimally invasive surgery as well as other procedural interventions are part of this theme which thus has relevance for a number of KHSC Programs a number of programs at KHSC, such as ophthalmology, surgery, cardiac, medicine and radiology to name a few.

   The focus of this theme is **on minimally invasive interventions** that broaden scope of who can be treated safely, reduce adverse effects and expand indications for care to new patient groups. Examples include (but are not limited to) Per-Oral Endoscopic Myotomy [POEM] and research using iKnife. **Novel tools and technologies** (e.g. robotics) will be required to develop some of the activities within this theme.

   Finally, this is a theme that lives within the **research—innovation continuum**.

   Leadership and Partners: Leaders engaged in expanding the frontiers of minimally invasive interventional medicine are generally clinical faculty, and this theme is also prominent in the Faculty of Health Sciences Research agenda. Thus co-leadership and close partnership of KHSC and FHS will be important to drive this forward.

Recommended Actions: Once this thematic direction is formally endorsed by the KHSC Board, priority projects within this theme should be clustered and prioritized. Suggested actions are:

a) Create a steering committee with membership from relevant programs.
b) Establish a program-based priority setting activity to encourage programs to identify their program-wide innovation priorities.
c) Ask program leadership to identify the highest priority innovations that would fall within this thematic area. The steering committee would then review and prioritize these project ideas to present to the KHSC executive team for approval and support. Identified priorities would need to be based on a list of criteria that include considerations such as the potential for impact on patient outcomes, volumes of cases, etc. (see *Appendix B*). Some project ideas may require a formal business case.

2. New frontiers in integrated care

Integrated care is an ideal state where patients are able to move seamlessly through our health care system, not get lost in transitions, with good communication and coordination between all members of the care team and parts of the system. This theme challenges KHSC to adopt a leadership role within the SE LHIN in addressing access to speciality care services, and will have some overlap with the external pillar of the Innovation Portfolio. Early discussions with SEAMO[2] (see *Appendix A*) have been positive, with an expressed interest in pursuing the issue of timely access to specialty care for patients referred from outside KHSC as a new SEAMO innovation theme. As a tertiary care provider, there are several areas where KHSC could innovate to improve the integration of the care we provide, and the models in which we work with our partners in the region:

- Cross programmatic efforts at integration, e.g. **palliative care pathways**;
- Innovative solutions to optimize **intra-institutional transitions, access to specialty care, and coordination of care at discharge**;
- Development of programs aimed at being a hospital beyond walls that delivers complex, acute and specialty care where and when it is needed most, e.g. remote delivery of chemotherapy, Street Health initiatives, patient education initiatives;
- Investigation of new models of care and tools to **eliminate wait times**;
- Innovative approaches to **avoid admissions/readmissions**;
- **New tools/digital solutions** to enable these innovations.

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[2] Southeastern Ontario Academic Medical Organization – https://www.seamo.ca/

Since many of these topics are also being developed in the new KHSC Quality Roadmap, this is a theme that lives within the ***Quality Improvement – Innovation*** continuum.

Leadership and Partners: Leadership will vary depending on subtheme. Some of these topics lie clearly within KHSC remit and thus its leadership – others will require partnership. With respect to the subtheme of elimination of wait times for specialty care – this will require leadership from SEAMO and the FHS and enabling support from KHSC to achieve it.

Recommended Actions:

a. Create a joint steering committee with Queen's Faculty of Health Sciences (FHS) and the Southeast Academic Medical Organization (SEAMO) to discuss and develop innovative approaches to eliminating wait times for access to specialty care services. (e.g. wait list management, new tools and models). This group may also wish to tackle other issues and will need to liaise with the network of innovation that is noted in the recommendations for the external pillar.
b. For other cross program innovations (e.g. the palliative care pathways), the process for priority setting may be different e.g. through Joint Program Council.

3. Next generation tertiary care

This theme encompasses new diagnostic and imaging opportunities and opportunities emerging from the new Hospital Information System and its potential for patient activation and engagement in care.

Finally, this is a theme that lives within the ***research—innovation continuum***.

Leadership and Partners: KHSC will need to play a leadership role in this theme for projects which are embedded within hospital services such as lab medicine, imaging etc. but close collaboration of key partners at Queen's will be required for those projects that exemplify the research to innovation transition – i.e. it is expected that some research outputs that might fall within this thematic topic will be adopted as innovation by KHSC.

Recommended Actions:

a. Create a small working group from selected programs such as lab, medicine, imaging and cancer to come together along with representation from the Information Management portfolio to develop this theme in more detail. Membership should include not only hospital leadership but also relevant research partners as dictated by the thematic area.

4. Digital health, machine learning and artificial intelligence

Although not highlighted by many of the interviewees, stakeholders outside of KHSC look to novel tools and technologies collectively described as digital health, machine learning or artificial intelligence as important components of the health care innovation agenda, and consequently are looking to KHSC to provide leadership in the area. These types of innovations are often linked to an economic development agenda, insofar as they may foster development of technologies or tools from Canadian companies or those with the potential to spin-off into new Canadian companies. More work is needed to understand what role KHSC should have in this space and where and how KHSC might become a leader in the evaluation or development of these technologies.

This is also an area of substantial research interest within several Queen's University departments (within and outside the faculty of Health Sciences). Thus this theme clearly lives within the *research—innovation continuum*.

Leadership and Partners: While KHSC may have a leadership role in evaluation of digital health innovations within various hospital practice settings, it is expected that much of the leadership for this theme will need to be collaborative with academic (and/or commercial partners) involved.

Recommended Actions:
a. Survey KHSC staff to understand current use of digital health or machine learning technologies and identify opportunities or threats. Identify a core of thinkers in this space.
b. Together with leaders from relevant research groups at Queen's, establish a digital health, machine learning (ML) and artificial intelligence (AI) working group that could work with internal staff/leaders to develop strategy and priorities within this theme. It may be that digital health, ML and AI opportunities can also fit within some of the other innovation themes as they may offer potential solutions or opportunities.

5. Novel business models and procurement

New approaches to procurement and vendor selection have already begun at KHSC, including a focus on value-based procurement, partnering with other hospitals in Ontario (e.g. Ontario Centres of Excellence Reach Project) and forming strategic alliances with vendors to anticipate where innovation will be coming from and/or where improvements are needed. This theme should consider how the *evaluation* of new technologies and IT solutions (see theme 4.) might seamlessly translate into acquisition of those same technologies if they meet pre-designated standards and deliverables.

Leadership and Partners: KHSC leads this theme but partners with vendors and others as required

a. Continue to work on this theme from its current location within the portfolios of the relevant KHSC Executive Vice Presidents offices (Chief Financial Officer, Chief Information Officer).
b. Seek input from the Queen's School of Business

6. Supporting a culture of innovation – creation of an Innovation Office

While innovation and adoption of the latest advances is an expected activity of KHSC as an academic tertiary centre, some innovative proposals will require centralized support to develop and implement. It is recommended that KHSC set up an "innovation office/hub" to support the development and implementation of the portfolio, from business case development to showcasing KHSC as leader in health care innovation. This office would support both the projects that arise from the Innovation Portfolio themes, as well as any additional innovation projects that are approved and supported by the Executive Team. Finally, there would need to be coordination and collaboration between the Innovation office and teams involved in Research and Quality Improvement to maximize the impact of all three streams of work in KHSC and at Queen's.

Recommended Actions:
a. Approve the plan to establish an innovation office at KHSC and determine which executive portfolio this should fall under.
b. Develop the roles/positions for an innovation office, with a goal to open it in F2019-20 (see *Appendix C* for a draft description of the office)
c. Create a clear pathway for prioritizing/approving innovation ideas that fall outside of the recommended themes (see *Appendix B* for an example of possible decision criteria).

C. External Pillar: Pursue innovation and discover new ways of delivering care, research and teaching to make our regional health care system stronger

The SE LHIN has a unique opportunity for development of innovations in health care delivery models due to a number of factors:

- KHSC is the only academic acute tertiary hospital in the SE LHIN, giving it an important opportunity, and responsibility, to consider how its work could impact and support its partners.
- The majority of specialists at KHSC are part of a single practice plan through SEAMO.
- A new Hospital Information System is being acquired that is planned to connect all of the hospitals in the SE LHIN.

- There is growing collaboration amongst all SE LHIN hospitals, with partnerships already in place around a number of common services such as pharmacy and imaging to name a few.
- There is a growing consensus around some of the challenges this region is facing, and that we must work in partnership to address:
  - Demographics show growing numbers of elderly and those with multiple complex chronic conditions
  - We are challenged to provide timely access to specialty care, which is largely, but not exclusively, the remit of many of the specialists based at KHSC; and
  - Improvement is needed in transitions in care between institutions, community and primary care services.

There was considerable enthusiasm from the SE LHIN hospital CEO group for creating a network of innovation within the SE LHIN to build on some of these ideas. There was particular interest in articulating a stretch goal and innovation theme of *eliminating wait times for specialty access within our LHIN.* Coupled with the interest from SEAMO to pursue the issue of timely specialty care access, there is significant alignment and buy-in from external partners.

Finally, there is also an opportunity to consider how to broadly facilitate the *spread of health care innovations* across organizations and institutions in the SE LHIN. Successful models for this have been implemented in the UK, where Academic Health Science Networks have been formally created and funded by the NHS with the express purpose of ensuring evidence-based innovations in medical practice and care are spread and sustained in regional hub and spoke models.

Recommended Actions:

a. Establish a "network of innovation" that includes champions from each SE LHIN hospital. This network should be comprised of two or three individuals from each hospital, with at least one member of each medical staff. The role of this network will be to further discuss and prioritize activities and innovation themes for the region to pursue. One priority has already emerged around the theme of wait times.

b. Create a joint steering committee with Queen's Faculty of Health Sciences (FHS) and the Southeast Academic Medical Organization (SEAMO) to discuss and develop innovative approaches to eliminating wait times for access to specialty care services. (e.g. wait list management, new tools and models). This group may also wish to tackle other issues and will need to liaise with the network of innovation (as described above).
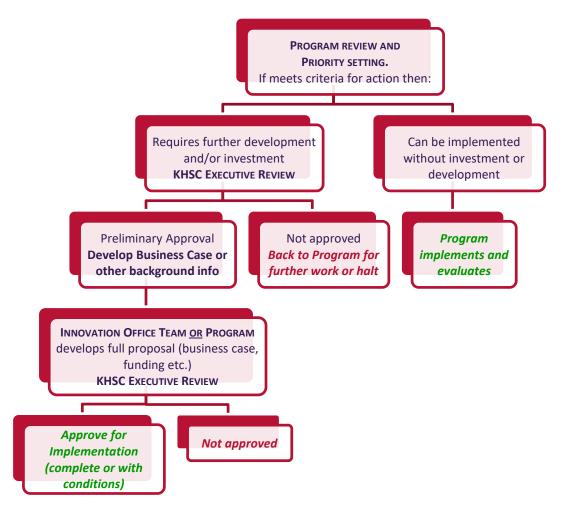
D. Decision making and priority setting

It is clear that there are many ongoing and proposed innovations within KHSC and with our partners. A recurring comment amongst interviewees was the need for clarity in how ideas for

new programs and technologies should be proposed, and how and by whom decisions to develop or implement those will be made, particularly when they might require substantial investment to bring to life. There are a number of suggestions offered for decision making around the Innovation Portfolio that are of importance not only in conveying the principles and process for approval of innovations that will require investment, but also to clarify which proposals should be supported through a centralized mechanism for development and change support.

A multistep process from ideas to implementation

Major innovations will often require investment to develop and/ or to implement. While some innovations may eventually bring efficiencies and cost savings, it is expected that many will require upfront investment to develop and implement. The following process would require both program and executive review.

E. Summary of Recommendations

Recommendation 1: 21st Century interventional medicine:

    a. Create a steering committee with membership from relevant programs.

b. Establish a program-based priority setting activity to encourage programs to identify their program-wide innovation priorities.

c. Ask program leadership to identify the highest priority innovations that would fall within this thematic area. The steering committee would then review and prioritize these project ideas to present to the KHSC executive team for approval and support. Identified priorities would need to be based on a list of criteria that include considerations such as the potential for impact on patient outcomes, volumes of cases, etc. (see *Appendix B*). Some project ideas may require a formal business case.

Recommendation 2: New frontiers in integrated care

a. Create a joint steering committee with Queen's Faculty of Health Sciences (FHS) and the Southeast Academic Medical Organization (SEAMO) to discuss and develop innovative approaches to eliminating wait times for access to specialty care services. (e.g. wait list management, new tools and models). This group may also wish to tackle other issues and will need to liaise with the network of innovation that is noted in the recommendations for the external pillar.

b. For other cross program innovations (e.g. the palliative care pathways), the process for priority setting may be different e.g. through Joint Program Council.

Recommendation 3: Next generation tertiary care

a. Create a small working group from selected programs such as lab, medicine, imaging and cancer to come together along with representation from the Information Management portfolio to develop this theme in more detail. Membership should include not only hospital leadership but also relevant research partners as dictated by the thematic area.

Recommendation 4: Digital health, machine learning and artificial intelligence

a. Survey KHSC staff to understand current use of digital health or machine learning technologies and identify opportunities or threats. Identify a core of thinkers in this space.

b. Together with leaders from relevant research groups at Queen's, establish a digital health, machine learning (ML) and artificial intelligence (AI) working group that could work with internal staff/leaders to develop strategy and priorities within this theme. It may be that digital health, ML and AI opportunities can also fit within some of the other innovation themes as they may offer potential solutions or opportunities.

Recommendation 5: Novel business models and procurement

a. Continue to work on this theme from its current location within the portfolios of the relevant KHSC Executive Vice Presidents offices (Chief Financial Officer, Chief Information Officer).

b. Seek input from the Queen's School of Business

Recommendation 6: A culture to support innovation – creation of an Innovation Office

a. Approve the plan to establish an innovation office at KHSC and determine which executive portfolio this should fall under.

b. Develop the roles/positions for an innovation office, with a goal to open it in F2019-20 (see *Appendix C* for a draft description of the office)

c. Create a clear pathway for prioritizing/approving innovation ideas that fall outside of the recommended themes (see *Appendix B* for an example of related decision criteria).

Recommendation 7: External Pillar – SE LHIN network of innovation

a. Establish a "network of innovation" that includes champions from each SE LHIN hospital. This network should be comprised of two or three individuals from each hospital, with at least one member of each medical staff. The role of this network will be to further discuss and prioritize activities and innovation themes for the region to pursue. One priority has already emerged around the theme of wait times.

b. Create a joint steering committee with Queen's Faculty of Health Sciences (FHS) and the Southeast Academic Medical Organization (SEAMO) to discuss and develop innovative approaches to eliminating wait times for access to specialty care services. (e.g. wait list management, new tools and models). This group may also wish to tackle other issues and will need to liaise with the network of innovation (as described above).

F. Appendices

Appendix A: List of interviewees

Internal to KHSC/Queen's FHS
Hospital Leadership:
• Dr. David Pichora, President and CEO
• Dr. Michael Fitzpatrick, Chief of Staff and VP Medical Affairs
• Ms. Brenda Carter, VP Quality and Regional VP Cancer Services
• Mr. Mike McDonald, Executive VP Patient Care & Community Partnerships
• Mr. Troy Jones, Executive VP & Chief Information Officer
• Ms. Silvie Crawford, Executive VP & Chief Nursing Executive
• Ms. J'Neene Coghlan, VP & Chief Financial Officer
• Mr. Steve Miller, Corporate Development & Transition Lead
• Ms. Elizabeth Bardon, VP Missions and Communication
• Ms. Sandra Carlton, Joint VP & Chief Human Resources Officer
• Dr. Roger Deeley, VP Health Sciences Research President & CEO, Kingston General Health Research Institute
• Ms. Denise Cumming, President and CEO University Hospitals Kingston Foundation
Department Heads
• Dr. Stephen Archer, Medicine
• Dr. John Rudan, Surgery
• Dr. Graeme Smith, Obstetrics and Gynecology
• Dr. Mike Green, Family Medicine
• Dr. Claudio Soares, Psychiatry
Faculty of Health Sciences and SEAMO
• Dr. Roger Deeley, Vice Dean Research
• Dr. Chris Simpson, Acting Dean FHS, Vice Dean, Medical Director SEAMO
• Ms. Danielle Claus, Executive Director SEAMO
• Council of Clinical Heads
• Dr. Seth Chitayat
Clinical Departments
• Medicine
• Surgery (executive)
• Oncology
• Obstetrics and Gynecology
• Ophthalmology
• Otolaryngology
• Psychiatry
• Critical Care Medicine
• Pediatrics
• Emergency Medicine
• (no date yet set: Urology, Pathology, Radiology, Anesthesiology)
Committees
• Medical Advisory Committee (KHSC)
• President's Council (KHSC)
• Council of Clinical Heads (FHS)
• Patient Advisory Council (KHSC)
• Board of Directors (KHSC)
Others
• UHKF Ambassadors who Care Luncheon
• Ms. Paula Blackstien-Hirsch (consultant for Quality Roadmap project)

External to KHSC/Queen's FHS

Queen's and Kingston
    • Dr. David Walker, Queen's School of Policy Studies
    • Dr. Kieran Moore, Medical Officer of Health, Kingston Frontenac Lennox and Addington Public Health

SELHIN
    • Mr. Paul Huras, CEO
    • SELHIN Hospital CEOs

Toronto and elsewhere in Ontario
    • Dr. Sacha Bhatia – Director Institute for Health System Solutions and Virtual Care (WIHV) at WCH, Toronto
    • Dr. Danielle Martin – VP Medical Affairs and Health System Solutions WCH, Toronto
    • Dr. David Naylor – Chair, Federal Advisory Panel on Healthcare Innovation, Toronto
    • Ms. Karen Michell, VP Strategy and External Relations, Mt. Sinai Health System, Toronto
    • Mr. Bill, Charnetski, Ontario Chief Health Innovation Strategist, Toronto
    • Dr. David Jaffray, EVP, Technology & Innovation, University Health Network, Toronto
    • Dr. Bob Bell, Ontario Deputy Minister of Health and Longterm Care, Toronto
    • Dr. Joshua Tepper, President and Chief Executive Officer, Health Quality Ontario, Toronto
    • Mr. Gary Ryan Chief, Innovation Officer (retired), Southlake Regional Health Centre, Newmarket

International
    • Ms. Helen Bevan, Chief Transformation Officer, Chief Transformation Officer - Horizons Group, NHS England
    • Ms. Tara Donnelly, CEO, Health Innovation Network of South London, UK

Appendix B: Decision criteria for program and executive consideration

While it is recognized that there will often be multiple factors to consider when arriving at decisions, the following are suggested as critical factors for both programs and executives to use. Each question should be answered with a *Low, Medium, High, Unknown* response.

For preliminary approval, address questions 1-5. For full approval, consider all questions.

1. Internal alignment: Is the proposed innovation project in keeping with KHSC's mission, vision, values, strategic directions and quality aims?
2. Leadership: Would this innovation position us as a leader or an exemplar within the health care system?
3. Patient impact: Level of impact on improved patient care or patient experience (include what patient population would be affected, what volumes it represents) and alignment to priority population health needs in our LHIN.
4. Financial impact: incremental or ongoing; consider market share, new service, improved service
5. External alignment: Alignment with external priorities (political, Ministry, LHIN)
6. Organizational readiness: Consider leadership, change management, implementation timelines
7. Timing: Is timing optimal? Consider performance and funding timelines.
8. Proposal readiness: clear deliverables and expectations
9. Opportunity cost: cost, space, infrastructure; competing priorities. (Note: Rank "High" if there are other initiatives of value that would be displaced by this initiative.)
10. Economics: Is there potential for commercial application or economic development?
11. Partnerships: Is the proposal strengthened by working with others?

Appendix C: Innovation office proposal

The purpose of the innovation office is multifold. The primary purpose would be to consolidate the expertise required to support the development and implementation of innovation projects and programs, both within the Innovation Portfolio themes, as well as additional projects that might arise from time to time. The talent within this innovation office could also be deployed to provide support for Quality Improvement (QI), research or strategy activities. The second purpose would be to support and drive a culture of innovation at KHSC and showcase KHSC as leader in health care innovation.

Not every innovative activity at KHSC will require support from this office. The innovation office is intended to provide support for priority initiatives that require in depth analysis, business case development and funding beyond the means of what programs can support within their budgets.

Individuals with innovation ideas should bring these to their KHSC program for evaluation, prioritization and if appropriate, implementation. Some of these ideas will be within the priority themes, whereas others may be more opportunistic but still important to further develop. In order to capitalize on opportunities for innovation and major QI initiatives, there is clear merit to consolidate a team who will offer the following functions/roles:

- *Administrative support*:
  - Support project/team meetings on items within the Innovation Portfolio
  - Organize events such as an innovation showcase
  - Support communication about innovation at KHSC
- *Data analytics support:*
  - Projects that require more specialized analysis of regional numbers, market share, need and/or other analysis
  - Search for best practice/evidence from other institutions/jurisdictions for models for innovative or QI projects
  - Develop measures, in concert with KHSC staff, to target for evaluation of outcomes of innovations
  - Report on outcomes of selected innovations/QI projects as deemed appropriate
- *Business case and grant development support:*
  - Develop business cases along with project teams for innovations/QI projects that will require investment
  - Investigate sources for funding from government and private sector to enable innovations to be put in place
  - Write proposals/grants to obtain funds for innovations
- *Change support*
  - Support teams as they implement and evaluate the innovations and QI initiatives that come to the innovation office for support, including any necessary education, training, tools, website development and more.
- *Team leader and project manager*
  - Oversee the team and implements project planning milestones for all projects/innovations coming to the innovation office
  - Set priorities and report on progress
  - Liaise with relevant project leaders, programs and KHSC leadership