fiscal 2021-2022 **Q4**

4th quarter ended March 31, 2022

KHSC this quarter

Strategy Performance Report

Hôpital Hotel Dieu Hospital

Hôpital Général de Kingston General Hospital

Kingston Health Sciences Centre

Centre des sciences de la santé de Kingston

KHSC Strategy Performance Report Fiscal 2022

	Page
Strategy Performance Indicator Status Summary	1

Strategic Direction 1

Ensure quality in every patient experience

Outcome: Make quality the foundation of everything we do

% of HSO accreditation standards met in Virtual Care	3
Diagnostic, cancer & elective activity volumes meet monthly targets	4
% of compliance for accreditation	5
Rate of hospital-acquired pressure injuries	6
COVID Incremental Cost Recovery	7
Achieve pre-COVID position by March 31	8
HSAA/MSAA conditions met	9
Board endorses RFP for managed equipment services	10

Outcome: Lead the evolution of patient- and family-oriented care

Guiding Principles of Patient Engagement created and PFCC Portal launched	11

Outcome: Create the space for better care

Issue RFQ, complete PSOS, issue RFP	12

Strategic Direction 2

Nurture our passion for caring, leading, and learning

Outcome: Foster a safe, health, innovative working environment that inspires and motivates the people who work, learn and volunteer at KHSC

Engagement action plans & EDI strategy in place	13
Talent management & succession plan in place	14
Workplace violence Incidents reported per quarter	15

Strategic Direction 3

Improve the health of our communities through partnership and innovation

Outcome: Be a hospital beyond our walls that delivers complex, acute and specialty care where and when it is needed most

Governance structure and resourcing plan in place	17
Year-1 project participation	18

Strategic Direction 4

Launch KHSC as a leading centre for research and education

Outcome: Foster a culture of teaching, learning, research and scholarship

Coordinated learner experience strategy in place	19

Indicator Status Legend	20

Kingston Health Sciences Centre

Centre des sciences de la santé de Kingston

Q4 FY2022 Strategy Performance Indicators Report

Strategic Direction	Goal	Indicator	21-Q4	22-Q1	22-Q2	22-Q3	22-Q4
1. Ensure quality in every patient experience	a. Make quality the foundation of everything we do	% of HSO accreditation standards met in Virtual Care	N/A	G	G	Y	Y
		Diagnostic, cancer & elective activity volumes meet monthly target	G	Y	G	G	G
		% of compliance for accreditation	N/A	R	R	G	G
		Rate of hospital-acquired pressure injuries	G	G	N/A	R	R
		COVID Incremental Cost Recovery	G	Y	Y	G	G
		Achieve pre-COVID position by March 31	G	Y	Y	G	G
		HSAA/MSSA conditions met	G	Y	Y	G	G
		Board endorses RFP for managed equipment services Y/N	N/A	G	G	G	G
	b. Lead evolution of patient- and family- centred care	Y/N: Guiding Principles of Patient Engagement created and PFCC Portal launched.	N/A	G	G	G	G
	c. Create the space for a better experience	Issue RFQ and complete PSOS Y/N	N/A	G	R	R	R
2. Nurture our passion for caring, leading and learning	a. Foster a safe, healthy, innovative working environment that inspires and motivates the people who work, learn and volunteer at KHSC	Engagement action plans & EDI strategy in place Y/N	N/A	G	Y	Y	G
		Talent management & succession plan in place Y/N	N/A	G	G	Y	G
		Workplace violence Incidents reported per quarter	Y	Y	G	Y	G

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			21-Q4	22-Q1	22-Q2	22-Q3	22-Q4
3. Improve the health of our communities through partnership and innovation	a. Be a hospital beyond our walls that delivers complex, acute and specialty care where and when it is needed most	Governance structure and resourcing plan in place Y/N	N/A	G	G	G	G
		Year-1 project participation Y/N	N/A	G	G	G	G
4. Launch KHSC as a leading centre for research and education	a. Foster a culture of teaching, learning, research and scholarship	Coordinated learner experience strategy in place Y/N	N/A	Y	Y	Y	Y

	SPR					SAA				
	F21					F21				
	Q1 %	Q2 %	Q3 %	Q4 %	Q4 #	Q1 %	Q2 %	Q3 %	Q4 %	Q4 #
R	6%	19%	13%	13%	2	49%	49%	32%	29%	20
G Y	94%	81%	88%	88%	14	36%	36%	51%	43%	30
N/A	0%	0%	0%	0%	0	14%	14%	17%	28%	19
					16					69

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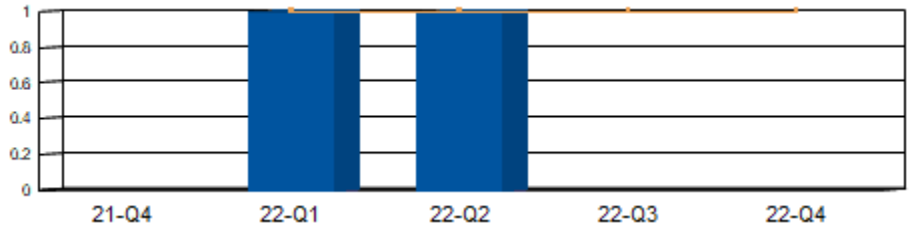
Centre des sciences de la santé de Kingston

Q4 FY2022 Strategy Performance Indicators Report

1. Ensure quality in every patient experience

a. Make quality the foundation of everything we do

Indicator: % of HSO accreditation standards met in Virtual Care



	Actual	Target
21-Q4		
22-Q1	1	**1**
22-Q2	1	**1**
22-Q3		**1**
22-Q4		**1**

Describe the tactic(s) we are implementing to achieve this objective:

FY22 Priorities based on the planning work that took place in FY21.

The recommendations were presented and reviewed with the steering committee and, after a comprehensive discussion, there was acclaim for the work completed by the task force and strong support for all 17 recommendations. The committee felt confident that these recommendations would lead KHSC to a comprehensive virtual care service. Mindful of important competing priorities soon, the committee distilled the priorities to 6 themes that should be prioritized in this fiscal year 2021-2022:

1. Governance
2. Consent
3. Metrics
4. Space changes and templates
5. Encouraging MS Teams
6. Education for patients and clinicians

From this review, it was determined that 11 of the priority recommendations that were deemed High Priority Accreditation Standards and were aligned to the themes above and were endorsed as the focus for 21/22 year.

Therefore, the metric for this IACP is now the 100% recommendations that are implemented as endorsed by the Virtual Health Steering Committee.

Explain the current performance of the objective as of this quarter. Where possible, express statistics and numbers in plain language, focusing on the impact to patients and staff

Quarter 4 placed on hold until resources could be re-align to support the project in the PM Office and staff shortages across the hospital started to subside.

Are we on track to meet the objective by year end? If not, explain why and what new tactics are planned to ensure we me

Due to the current staffing constraints in the hospital and the focus on COVID in Q4 - the Virtual Health Steering Committee has decided to postpone the completion of the 21/22 initiatives until Q1 of 22/23. At this time, project resources will be re-assigned to support the completion of the planning phase and focus on implementing TEAMs at KHSC in 22/23.

Definition: ACCOUNTABILITY:
EVP - Mike Fitzpatrick and Brenda Carter
MRP - Kardi Kennedy

TACTICS:

REPORTING COMMITTEE: Patient Care & Quality Committee

Target: Fiscal 2022 target: 100%
Corridors:
RED: < 65%
YELLOW: 65 - 89%
GREEN: >= 90%

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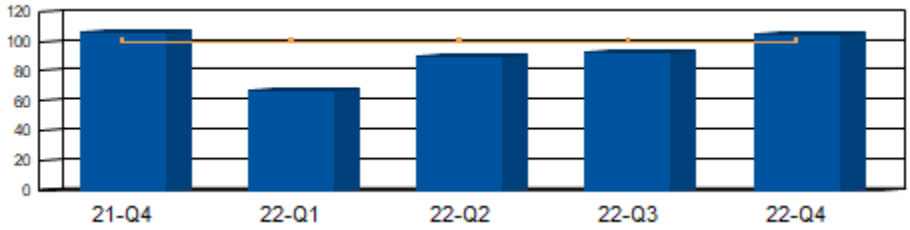
Q4 FY2022 Strategy Performance Indicators Report

1. Ensure quality in every patient experience

a. Make quality the foundation of everything we do

Indicator: Diagnostic, cancer & elective activity volumes meet monthly target



	Actual	Target
21-Q4	106	**100**
22-Q1	67	**100**
22-Q2	90	**100**
22-Q3	93	**100**
22-Q4	105	**100**

Describe the tactic(s) we are implementing to achieve this objective:

Despite a surgical reduction in January based on Ministry directives we were able to continue and prioritize surgeries to address community, regional and patient acuity focusing on the most acute and tertiary work. Cancer cases remained a focus during this period as we gradually increased OR allocation with OH to meet 90% in March. We were able to continue the work at Focus Eye and PSFDH during this quarter which helped meet volumes as well.
Recruitment and retention of staff remained a focus during this period as well.
DI has had a focused effort and will continue to maximize operational hours and exam volume.

Explain the current performance of the objective as of this quarter. Where possible, express statistics and numbers in plain language, focusing on the impact to patients and staff

In January with the Ministry Directive we had to reduce ORs with a focus on urgent/emergent/ tertiary services; running 5 rooms at KGH and 5 at HDH. We gradually increased OR activity increasing 2 ORs in February and 2 in March at KGH and 1 at HDH in May, bringing us to 87% activity.
Due to the reduction all surgical funded volumes were impacted (with the exception of oncology that had a small reduction but stable completion) with an overall reduction of 50% from Q3. Biggest impacts were to orthopedics, pediatric, elective non-incremental and provincial priority.

Are we on track to meet the objective by year end? If not, explain why and what new tactics are planned to ensure we me

Given we had 2 OR reductions in 21/22 plus staffing challenges we overall we completed 70% of our funded volumes. 108% for oncology volumes. ORs will remain reduced until September 2022, with a plan to increase 1 OR at HDH in September and 1 at KGH for a total of 7 rooms at HDH and 10 at KGH, which will be 100% activity if staffing allows as planned.

Definition: ACCOUNTABILITY:
EVP - Renate Ilse
MRP - Christine Wilkinson

TACTICS: Improve access to surgical care by advancing HDH surgi-centre

REPORTING COMMITTEE: Patient Care & Quality Committee

Target: Fiscal 2022 target: 100%
Corridors:
RED: < 60%
YELLOW: 60 - 79%
GREEN: >= 80%

Prior Targets:
Fiscal 2021 target: 100%, Corridors: RED: < 60%, YELLOW: 60 - 79%, GREEN: >= 80%

Kingston Health Sciences Centre

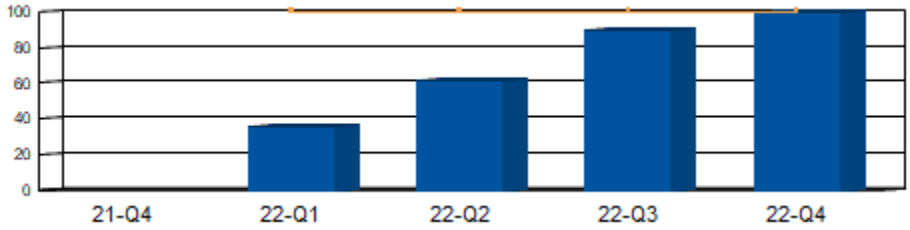
Centre des sciences de la santé de Kingston

Q4 FY2022 Strategy Performance Indicators Report

1. Ensure quality in every patient experience

a. Make quality the foundation of everything we do

Indicator: % of compliance for accreditation



	Actual	Target
21-Q4		
22-Q1	35.5	**100**
22-Q2	62.0	**100**
22-Q3	90.0	**100**
22-Q4	100.0	**100**

Describe the tactic(s) we are implementing to achieve this objective:

All ROP tests for compliance are met.

Explain the current performance of the objective as of this quarter. Where possible, express statistics and numbers in plain language, focusing on the impact to patients and staff

Internal stakeholders self-reported via our governance reporting that 100% of the ROP tests for compliance were in-place. This was validated during our on-site Accreditation survey when all ROPs were found by surveyors to be met.

Are we on track to meet the objective by year end? If not, explain why and what new tactics are planned to ensure we me

Tactics were completed and target was met.

Definition: ACCOUNTABILITY:
EVP - Brenda Carter
MRP - Gina Miller

TACTICS: TBD based on Accreditation readiness plan

REPORTING COMMITTEE: Patient Care & Quality Committee

Target: Fiscal 2022 target:100%
Corridors:
RED: < 65%
YELLOW: 65 - 89%
GREEN: >= 90%

Kingston Health Sciences Centre
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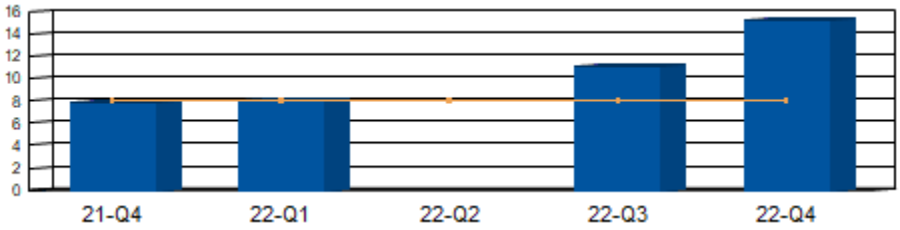
Q4 FY2022 Strategy Performance Indicators Report

1. Ensure quality in every patient experience

a. Make quality the foundation of everything we do

Indicator: Rate of hospital-acquired pressure injuries



	Actual	Target
21-Q4	7.9	**8**
22-Q1	8.1	**8**
22-Q2		**8**
22-Q3	11.1	**8**
22-Q4	15.3	**8**

Describe the tactic(s) we are implementing to achieve this objective:

In Q1 we are continuing to adapt the tactics and practices that we have developed with Professional Practice and clinical Programs. Programs with inpatient units are being actively engaged at daily huddles to discuss patients at risk for pressure injury, assessment of wounds and interventions. The dieticians have engaged with Compass regarding deficiencies in caloric and nutritional content of meals to reduce the risk of injury and facilitate healing of wounds. We have revised the annual pressure injury plan for this fiscal year which will increase our Professional Practice support and set expectations for clinical programs. Professional Practice will continue with an audit of all areas twice per year and increase surveillance to include monthly “pulse check” assessments routinely. These pulse checks will schedule half of the hospital per month (Cardiac, Medicine, ED, ATU) and the remaining areas of the hospital the following month (Surgery, Critical Care, Woman’s & Children, Mental Health). Inpatient Medicine leaders continue to pilot weekly rounds and prevalence audits with managers and nurses in an effort to increase awareness, refine tools, and optimize care planning strategies. This fiscal year we will expand program based assessments by managers to other programs. We continue to expand our Patient Mobility Aids role started in late Q3 which is showing several benefits including preventing functional decline, increasing mobility, and assisting with activities of daily living. We also introduced a new inpatient beds at KGH and HDH site that have enhanced pressure relief mattresses to decrease the risk of pressure injury when accompanied by other clinical interventions.

Explain the current performance of the objective as of this quarter. Where possible, express statistics and numbers in plain language, focusing on the impact to patients and staff

In March of Q4 a corporate wide pressure injury prevalence was completed with a result of 15.3% hospital acquired pressure injury rate. The range of prevalence was 0-36%, 3 areas with high prevalence are outside the Medicine program which is new from previous audits suggesting that program based intervention and manager rounds is a strategy to expand. The area with the highest prevalence will be moved to a weekly program based prevalence assessment in Q1.

Are we on track to meet the objective by year end? If not, explain why and what new tactics are planned to ensure we me

Although not currently on track to meet this objective, we continue to adapt interventions and see focused gains. F23 strategies will target to reduce the prevalence of hospital acquired pressure injuries.

Definition: ACCOUNTABILITY:
EVP - Renate Ilse
MRP - Tom Hart

TACTICS: As per F21 QIP work plan

REPORTING COMMITTEE: Patient Care & Quality Committee

Target: Fiscal 2022 target: <=8% at the Feb. 2022 Audit
Corridors:
RED: >10%
YELLOW: >8% and <10%
GREEN: <=8%

Prior Targets:
Fiscal 2021 target: <=8% at the Feb. 2021 Audit, Corridors: RED: >10%, YELLOW: >8% and <10%, GREEN: <=8%

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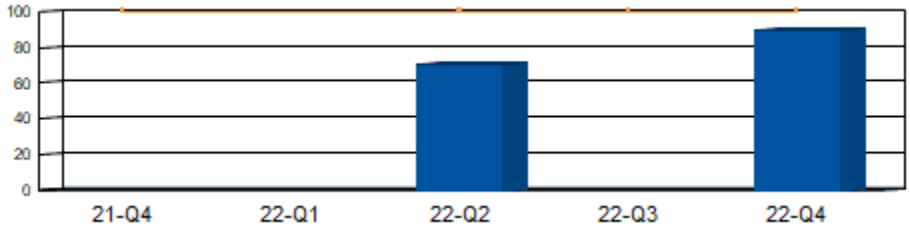
Q4 FY2022 Strategy Performance Indicators Report

1. Ensure quality in every patient experience

a. Make quality the foundation of everything we do

Indicator: COVID Incremental Cost Recovery



	Actual	Target
21-Q4		**100**
22-Q1		
22-Q2	70	**100**
22-Q3		**100**
22-Q4	90	**100**

Describe the tactic(s) we are implementing to achieve this objective:

Yes, we successfully achieved this goal. MOH has reimbursed more than 90% of the COVID incremental expenses submitted by the KHSC. We are hopeful that MOH will return the remaining funding shortly.

Explain the current performance of the objective as of this quarter. Where possible, express statistics and numbers in plain language, focusing on the impact to patients and staff

KHSC has received a funding letter for the first three quarters.

Are we on track to meet the objective by year end? If not, explain why and what new tactics are planned to ensure we me

Yes we are on track

Definition: ACCOUNTABILITY:
EVP - Amit Bansal
MRP - Amit Bansal

TACTICS: Recover COVID costs

REPORTING COMMITTEE: People, Finance & Audit Committee

Target: Fiscal 2022 target: 100%
Corridors:
RED: <60%
YELLOW: >60% and <75%
GREEN: >75%

Prior Targets:
Fiscal 2021 target: 100%, Corridors:, RED: <60%, YELLOW: >60% and <75%, GREEN: >75%

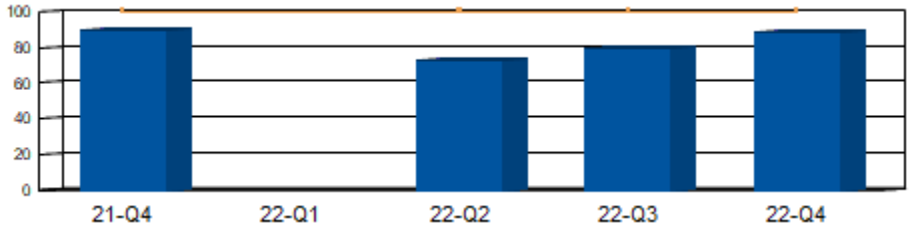
Kingston Health Sciences Centre
Centre des sciences de la santé de Kingston

Q4 FY2022 Strategy Performance Indicators Report

1. Ensure quality in every patient experience

a. Make quality the foundation of everything we do

Indicator: Achieve pre-COVID position by March 31



	Actual	Target
21-Q4	90	**100**
22-Q1		
22-Q2	73	**100**
22-Q3	80	**100**
22-Q4	89	**100**

Describe the tactic(s) we are implementing to achieve this objective:

We have achieved 97% volume-based funding with CCO programs and 84% with MOH, and combined, KHSC has reached an 89% volume-based funding target.

Explain the current performance of the objective as of this quarter. Where possible, express statistics and numbers in plain language, focusing on the impact to patients and staff

Are we on track to meet the objective by year end? If not, explain why and what new tactics are planned to ensure we me

Yes, we are on target

Definition: ACCOUNTABILITY:
EVP - Amit Bansal
MRP - Amit Bansal

TACTICS: Recover Loss of Revenue: 1) recover elective volume-based activity revenue 2) recover non-elective volume-based activity revenue

REPORTING COMMITTEE: People, Finance & Audit Committee

Target: Fiscal 2022 target: 100%
Corridors:
RED: <60%
YELLOW: >60% and <75%
GREEN: >75%

Prior Targets:
Fiscal 2021 target: 100%, Corridors: RED: <60%, YELLOW: >60% and <70%, GREEN: >70%

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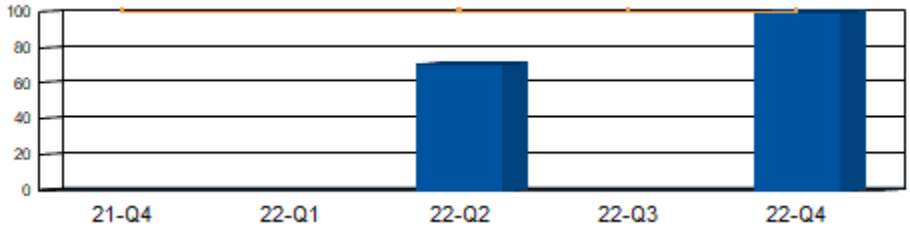
Q4 FY2022 Strategy Performance Indicators Report

1. Ensure quality in every patient experience

a. Make quality the foundation of everything we do

Indicator: HSAA/MSSA conditions met



	Actual	Target
21-Q4		**100**
22-Q1		
22-Q2	70	**100**
22-Q3		**100**
22-Q4	100	**100**

Describe the tactic(s) we are implementing to achieve this objective:

Yes, KHSC met this goal, although the financial results are still under external auditor review, but we are confident that we met this goal.

Explain the current performance of the objective as of this quarter. Where possible, express statistics and numbers in plain language, focusing on the impact to patients and staff

Yes, the hospital maintained a surplus position.

Are we on track to meet the objective by year end? If not, explain why and what new tactics are planned to ensure we me

Yes we are on track

Definition: ACCOUNTABILITY:
EVP - Amit Bansal
MRP - Amit Bansal

TACTICS: Operating expenses equal budget & funded activity

REPORTING COMMITTEE: People, Finance & Audit Committee

Target: Fiscal 2022 target: 100%
Corridors:
RED: <60%
YELLOW: >60% and <70%
GREEN: >70%

Prior Targets:
Fiscal 2021 target: 100%, Corridors: RED: <60%, YELLOW: >60% and <70%, GREEN: >70%

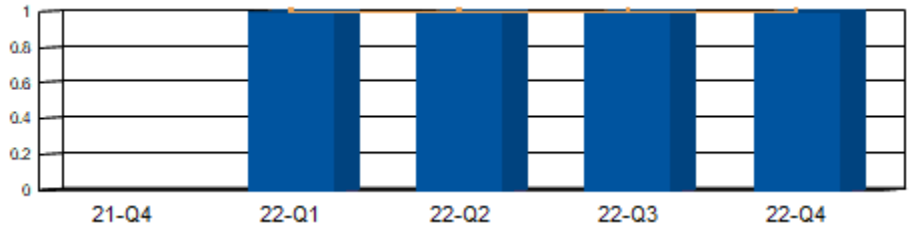
Kingston Health Sciences Centre
Centre des sciences de la santé de Kingston

Q4 FY2022 Strategy Performance Indicators Report

1. Ensure quality in every patient experience

a. Make quality the foundation of everything we do

Indicator: Board endorses RFP for managed equipment services Y/N



	Actual	Target
21-Q4		
22-Q1	1	**1**
22-Q2	1	**1**
22-Q3	1	**1**
22-Q4	1	**1**

Describe the tactic(s) we are implementing to achieve this objective:

Yes, the review is completed, and BN will be presented to the KHSC SLT.

Explain the current performance of the objective as of this quarter. Where possible, express statistics and numbers in plain language, focusing on the impact to patients and staff

In this quarter, we reviewed the MES feasibility and conducted an environmental review to understand the impact of current global activities.

Are we on track to meet the objective by year end? If not, explain why and what new tactics are planned to ensure we me

Yes we on track

Definition: ACCOUNTABILITY:
EVP - Amit Bansal
MRP - Amit Bansal

TACTICS: Review medical equipment market strategy to secure best value

REPORTING COMMITTEE: People, Finance & Audit Committee

Target: Fiscal 2022 target:100%
Corridors:
RED: No = 0
YELLOW: Blank = in progress
GREEN: Yes = 1

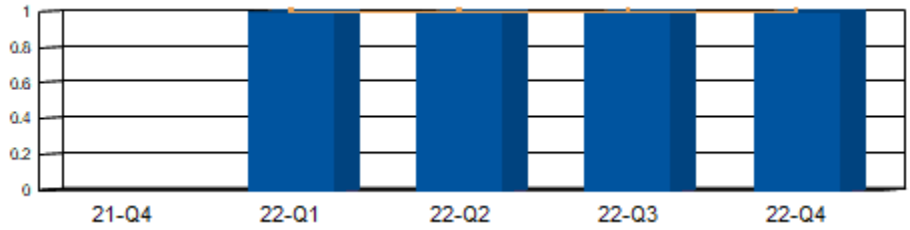
Kingston Health Sciences Centre
Centre des sciences de la santé de Kingston

Q4 FY2022 Strategy Performance Indicators Report

1. Ensure quality in every patient experience

b. Lead evolution of patient- and family- centred care

Indicator: Y/N: Guiding Principles of Patient Engagement created and PFCC Portal launched.



	Actual	Target
21-Q4		
22-Q1	1	**1**
22-Q2	1	**1**
22-Q3	1	**1**
22-Q4	1	**1**

Describe the tactic(s) we are implementing to achieve this objective:

Finalize KHSC patient engagement guiding principles for approval by PFACs and Exec. Sponsor Build education and communication strategy to share principles with staff and advisors. Continue PFCC Portal project with planned launch Q4 into fiscal 2023.

Explain the current performance of the objective as of this quarter. Where possible, express statistics and numbers in plain language, focusing on the impact to patients and staff

Draft guiding principles document went to KHSC PFAC in 4th quarter as planned. Additional input provided on content, education and communication strategy. Revisions made based on feedback and strategy development underway. Revised draft document shared as work in progress for PFCC evidence in Accreditation package. Revised version to be shared more broadly with staff for validation and input but sensitive to competing priorities and workload for staff and leaders at this time. Reviewed existing PFCC intranet site resources and configuration as part of internal PFCC "portal" project and connected with communications to discuss options to changes on internal and external website content.

Are we on track to meet the objective by year end? If not, explain why and what new tactics are planned to ensure we me

Objective on track

Definition: ACCOUNTABILITY:
EVP - TBD
MRP - TBD

TACTICS: Co-develop, with patients and staff, patient engagement guiding principles and an online PFCC portal to support consistent, purposeful patient partnership in alignment with principles.

REPORTING COMMITTEE: Patient Care & Quality Committee

Target: Fiscal 2022 target:100%
Corridors:
RED: No = 0
YELLOW: Blank = in progress
GREEN: Yes = 1

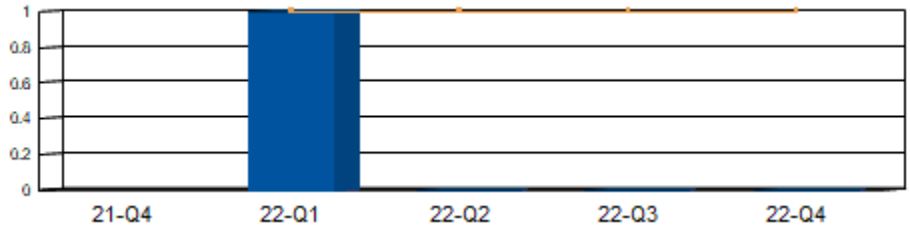
Kingston Health Sciences Centre
Centre des sciences de la santé de Kingston

Q4 FY2022 Strategy Performance Indicators Report

1. Ensure quality in every patient experience

c. Create the space for a better experience

Indicator: Issue RFQ and complete PSOS Y/N



	Actual	Target
21-Q4		
22-Q1	1	**1**
22-Q2	0	**1**
22-Q3	0	**1**
22-Q4	0	**1**

Describe the tactic(s) we are implementing to achieve this objective:

RFQ was released in late August, and PSOS development continues with the Planning, Design & Conformance team HDR Architecture.

Explain the current performance of the objective as of this quarter. Where possible, express statistics and numbers in plain language, focusing on the impact to patients and staff

PSOS development continues. Background studies of existing conditions revealed the need for additional testing and due diligence to inform the infrastructure specifications, phasing plans and schedule. The RFP is now slated for release in February 2023.

Are we on track to meet the objective by year end? If not, explain why and what new tactics are planned to ensure we me

The PSOS was not finalized at year end due to the additional infrastructure studies required. Discussions are ongoing with the Ministry and Infrastructure Ontario regarding approval processes.

Definition: ACCOUNTABILITY:
EVP - Krista Wells-Pearce
MRP - Krista Wells-Pearce

TACTICS: As per redevelopment project milestones

REPORTING COMMITTEE: People, Finance & Audit Committee

Target: Fiscal 2022 target:100%
Corridors:
RED: No = 0
YELLOW: Blank = in progress
GREEN: Yes = 1

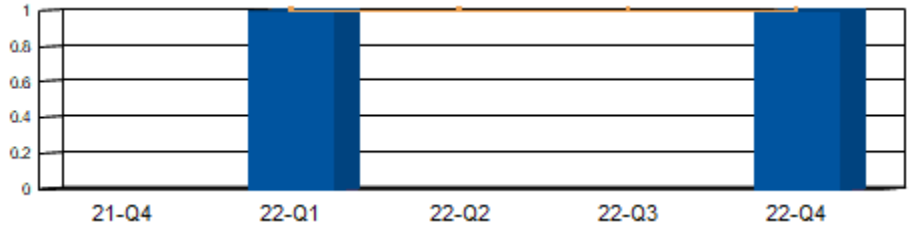
Kingston Health Sciences Centre
Centre des sciences de la santé de Kingston

Q4 FY2022 Strategy Performance Indicators Report

2. Nurture our passion for caring, leading and learning

a. Foster a safe, healthy, innovative working environment that inspires and motivates the people who work, learn and volunteer at KHSC

Indicator: Engagement action plans & EDI strategy in place Y/N



	Actual	Target
21-Q4		
22-Q1	1	**1**
22-Q2		**1**
22-Q3		**1**
22-Q4	1	**1**

Describe the tactic(s) we are implementing to achieve this objective:

The Staff and Physician Experience Survey action plans and conversations continued, particularly at the leadership level. Opportunities were identified to assist with workload and pandemic fatigue. To address the lower scoring learning and development feedback, Linkedin Learning continued with sign ups of over 200 staff. In addition, the San'yas specialized Indigenous Cultural Safety training was taken by more than 40 staff. The diversity, equity, inclusion work was placed under the umbrella of 'Inclusion' and branded accordingly. A website presence was initiated, resources embedded and a cultural calendar link alongside a call out to the organization for joining the Inclusion Steering committee. The committee and working groups will begin in the new fiscal year to target our priorities. Some additional Sprinkle Some Joy appreciation activities occurred with hockey tickets offerings, draws and gift cards. The Exceptional Healer Awards were conducted virtually for the first time with the Team Awards to recognize individuals and teams.

Explain the current performance of the objective as of this quarter. Where possible, express statistics and numbers in plain language, focusing on the impact to patients and staff

Healthcare workers are in often stressful situations and environments in the course of their jobs with some additional risks to psychological health and safety in the workplace. Factors influencing this include workload, engagement, balance, safety, recognition, civility and respect, and psychological and social support. The strain on our healthcare system and increased demand for resources which outstrips supply, creates a strong need to protect our people resources which in turn can compromise care delivery if not available, supported or effective. Organizational strategies are therefore needed to protect the health and wellness of our healthcare workforce and ensure a welcoming and inclusive environment where everyone feels they can participate and contribute. The call for action concerning equity for people who have been marginalized, and more specifically, racialized persons who are Black, Indigenous and People of Colour (BIPOC) has been to remove barriers, decrease disparities and build trust related to inclusion, diversity, equity, access in our workforce. The organization over the past year has been focused on listening, learning and improving since the sense of inclusion and belonging are critical to maintaining and growing our healthcare workforce and delivering on excellence.

Are we on track to meet the objective by year end? If not, explain why and what new tactics are planned to ensure we me

Although delayed due to pandemic priorities, we did accomplish most of the objectives. Further movement on inclusion and policies will be carried on in the next year once the formal Steering Council and working groups begin to meet.

Definition: ACCOUNTABILITY:
EVP - Sandra Carlton
MRP - Micki Mulima

TACTICS: Engagement Survey and action planning, Access,Diversity, Equity & Inclusion strategy and action plan

REPORTING COMMITTEE: People, Finance & Audit Committee

Target: Fiscal 2022 target:100%
Corridors:
RED: No = 0
YELLOW: Blank = in progress
GREEN: Yes = 1

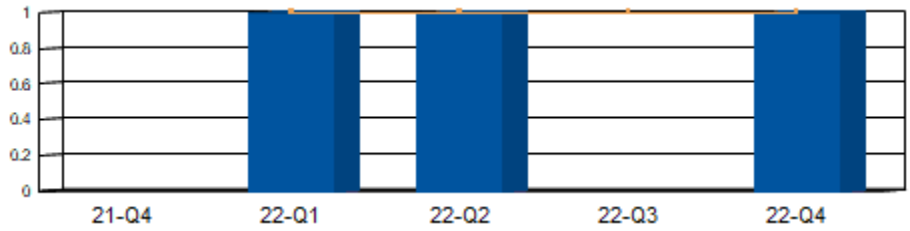
Kingston Health Sciences Centre
Centre des sciences de la santé de Kingston

Q4 FY2022 Strategy Performance Indicators Report

2. Nurture our passion for caring, leading and learning

a. Foster a safe, healthy, innovative working environment that inspires and motivates the people who work, learn and volunteer at KHSC

Indicator: Talent management & succession plan in place Y/N



	Actual	Target
21-Q4		
22-Q1	1	**1**
22-Q2	1	**1**
22-Q3		**1**
22-Q4	1	**1**

Describe the tactic(s) we are implementing to achieve this objective:

Talent review meetings continued to support succession planning. Plan completions and documentation will continue into the new year to further this objective. The leadership development framework (RISE) was released and course dates will be communicated in the new year depending on pandemic priorities. Linked In learning was offered until the end of the year with almost 200 staff members signed up from, over 3000 video views, and over 600 courses viewed. Alongside this a Workplace Mental Health Leadership course was offered for 25 leaders to assist in supporting staff. New hire and exit surveys continued with data leading to changes in new hire onboarding to promote retention and close gaps. Other tactics for retention, recruitment and learning included accessing funding for training to support development, increasing learners, and communication.

Explain the current performance of the objective as of this quarter. Where possible, express statistics and numbers in plain language, focusing on the impact to patients and staff

Framed under the LEADS capabilities for leadership development and practice, we need to continuously monitor and improve performance and leadership effectiveness. This requires cascading knowledge, skills and attitudes. In addition, to ensure there is a pipeline of talent staff aspiring to leadership there also needs to be a pathway and process to keep the organization learning and growing to meet the needs of the future alongside today. Given the crucial role positional leaders have within the organization and the risk of not having capable people to lead and achieve our operational accountabilities as well as our strategic directions, it is imperative we need nurture and safeguard our talent including developing our aspiring leaders. With the impacts and demands continuing to be highlighted through the pandemic there needs to be some focus on ensuring we have a cadre of strong leaders as an enabler to continued performance.

Are we on track to meet the objective by year end? If not, explain why and what new tactics are planned to ensure we me

Work has been completed and the next steps will continue into the new fiscal year.

Definition: ACCOUNTABILITY:
EVP - Sandra Carlton
MRP - Micki Mulima

TACTICS: Talent management/succession plan/ leadership development re: cascading LEADS training from exec to other leaders

REPORTING COMMITTEE: People, Finance & Audit Committee

Target: Fiscal 2022 target:100%
Corridors:
RED: No = 0
YELLOW: Blank = in progress
GREEN: Yes = 1

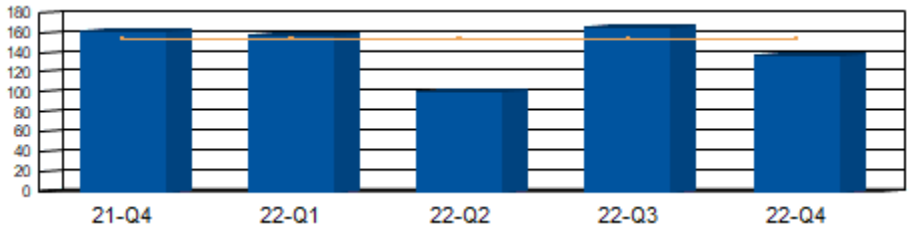
Kingston Health Sciences Centre
Centre des sciences de la santé de Kingston

Q4 FY2022 Strategy Performance Indicators Report

2. Nurture our passion for caring, leading and learning

a. Foster a safe, healthy, innovative working environment that inspires and motivates the people who work, learn and volunteer at KHSC

Indicator: Workplace violence Incidents reported per quarter



	Actual	Target
21-Q4	161	**153**
22-Q1	157	**153**
22-Q2	101	**153**
22-Q3	166	**153**
22-Q4	138	**153**

Describe the tactic(s) we are implementing to achieve this objective:

The updated Risk Reduction Plan was rolled out across KHSC Jan 17, 2022. An audit completed in Q4 showed uptake on most units. The KHSC-developed workplace violence prevention 2 day training program for the Emergency and Mental Health Programs was piloted for feedback/evaluation with a key stakeholder group end of Q4, and finalization of the training program is in the works with the first session of the new program to begin May 9 & 10 for frontline staff and JHSC representatives. The one day NVCI training continues to be offered monthly for medicine staff but staffing shortages are challenging our efforts to provide staff with refresher training every 2 years. An updated method for registration/documentation of violence training was put in place in Q4 for improved tracking. Final calls for Corporate Workplace Violence Assessments are underway- to date, 70% of required assessments have been completed with the majority of the incomplete assessments from units/depts were there have been leadership changes in the past 3 months; these violence risk assessments are expected to be complete by the end of May 2022.

Explain the current performance of the objective as of this quarter. Where possible, express statistics and numbers in plain language, focusing on the impact to patients and staff

Fewer incidents of violence were reported this quarter but overall we've seen relatively similar incident numbers for the year (404 this year compared to 391 last year). In terms of our incident outcomes (# of staff affected), which is what this indicator reports on, total staff affected/involved in the incidents are down from 621 to 562. Of the 562 staff involved in incidents of violence, 19 staff initiated WSIB claims for injuries that required health care attention or resulted in lost time form work. This included 9 claims for Paladin guards (7 healthcare and 2 lost time) and 10 claims for KHSC staff (5 health care and 5 lost time). Of the KHSC staff, 2 of the lost time and 1 of the health care claims were related to psychological injury. 11 of the WSIB claims occurred in security and KHSC staff working in Mental Health & Addictions program (4 lost time, and 7 healthcare). 3 WSIB claims occurred in security personnel in the Emergency department, and 1 claim each in the CSU, C10, D4 ICU, C9 and K10.
Security calls show a decreasing number of calls at the KGH site year over year for the past 4 years: 2018-19- 2775 calls, 2019-20- 2735 calls, 2020-21- 2402 calls, and 2021-22- 2206 calls.

Are we on track to meet the objective by year end? If not, explain why and what new tactics are planned to ensure we me

Yes, we achieved our targets for this year and will continue to monitor our violence related data as we evaluate this year's implementation of the revised Risk Reduction Plan and our new 2 day violence prevention training program for our Emergency and Mental Health & Addictions Program staff.

Definition: ACCOUNTABILITY:
EVP - Sandra Carlton
MRP - Joanna Noonan

TACTICS: As per F22 QIP work plan.

REPORTING COMMITTEE: People, Finance & Audit Committee

Kingston Health Sciences Centre
Centre des sciences de la santé de Kingston

Q4 FY2022 Strategy Performance Indicators Report

2. Nurture our passion for caring, leading and learning

a. Foster a safe, healthy, innovative working environment that inspires and motivates the people who work, learn and volunteer at KHSC

Target: Fiscal 2022 target: 153/ Qtr
Corridors:
- RED: >161
- YELLOW: 153-161
- GREEN: <153

Prior Targets:
Fiscal 2021 target: 153/ Qtr
Corridors:
- RED: >161
- YELLOW: 153-161
- GREEN: <153

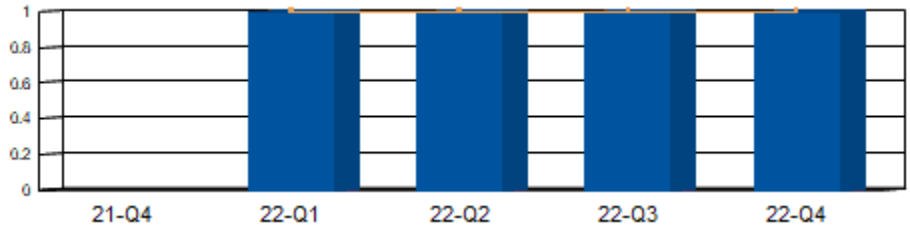
Kingston Health Sciences Centre
Centre des sciences de la santé de Kingston

Q4 FY2022 Strategy Performance Indicators Report

3. Improve the health of our communities through partnership and innovation

a. Be a hospital beyond our walls that delivers complex, acute and speciality care where and when it is needed most

Indicator: Governance structure and resourcing plan in place Y/N



	Actual	Target
21-Q4		
22-Q1	1	**1**
22-Q2	1	**1**
22-Q3	1	**1**
22-Q4	1	**1**

Describe the tactic(s) we are implementing to achieve this objective:

Enable clinical transformation through digital care by setting up the appropriate governance structure and resource plan to support the regional HIS project and the local implementation at KHSC.

Explain the current performance of the objective as of this quarter. Where possible, express statistics and numbers in plain language, focusing on the impact to patients and staff

At the start of the New Year, the Regional Health Information System (HIS) Project was officially rebranded as 'Lumeo'. In January 2022, the Lumeo Project received approval for a 30 day planning extension to help organizations manage holiday related rises in Covid-19 numbers and delay the involvement of leadership and front line staff in participating given staffing pressures and shortages. The project moved forward with completing a Current State Review process, collecting over 17,000 data points about the Partners current workflows and processes. Subject Matter Experts (SMEs) who were identified for their expertise to support the project in the previous quarter, were oriented to the project and received training on how to participate in upcoming workshops. A regional Council of Experience Advisors was also launched to ensure that the voice of the people we serve is included at project committees and, where appropriate, will be included in future workshops.

Are we on track to meet the objective by year end? If not, explain why and what new tactics are planned to ensure we me

The project is on track to deliver this tactic by year end.

Definition: ACCOUNTABILITY:
EVP - Valerie Gamache-O'Leary
MRP - Dino Loricchio

TACTICS: Begin design phase, complete governance structure and resourcing plan.

REPORTING COMMITTEE: Governance

Target: Fiscal 2022 target:100%
Corridors:
RED: No = 0
YELLOW: Blank = in progress
GREEN: Yes = 1

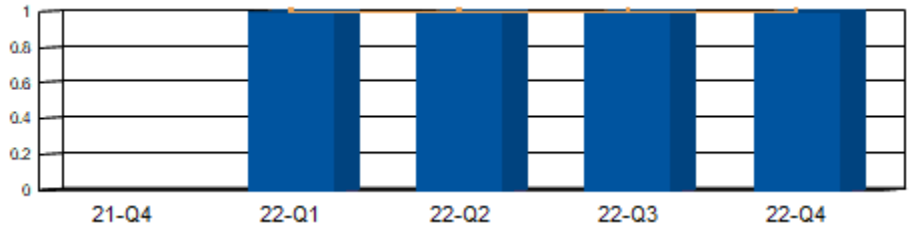
Kingston Health Sciences Centre
Centre des sciences de la santé de Kingston

Q4 FY2022 Strategy Performance Indicators Report

3. Improve the health of our communities through partnership and innovation

a. Be a hospital beyond our walls that delivers complex, acute and speciality care where and when it is needed most

Indicator: Year-1 project participation Y/N



	Actual	Target
21-Q4		
22-Q1	1	**1**
22-Q2	1	**1**
22-Q3	1	**1**
22-Q4	1	**1**

Describe the tactic(s) we are implementing to achieve this objective:

Ontario Health Teams are being introduced to provide a new way of organizing and delivering services in local communities. Under Ontario Health Teams, health care providers (including hospitals, doctors and home and community care providers) will work as one coordinated team – no matter where they provide care. Kingston Health Sciences Centre, together with over 300 other health-care partners throughout this region, is providing leadership to the development of an Ontario Health Team that would provide fully integrated health care to the attributed population in the counties of Frontenac, Lennox and Addington. With the right partners and plans in place, and one year of successful OHT project implementation behind us, we are well-positioned to leverage the lessons learned from our regional response to the COVID-19 pandemic, which will continue to be a focus in the coming year. Since becoming an approved OHT in the fall of 2020, we have conducted extensive stakeholder engagement with all sectors represented in our OHT to socialize our model and structure, while soliciting participants for our priority working groups and supporting structures. We provided leadership to the development of the year-1 organization structure for the OHT, signed onto the Collaborative Decision-Making Arrangement and provided leadership and structure to key FLA-OHT working groups, which are now fully operational and have completed their first year of work. This work is building on existing collaborations in our region with the aim that our patients and citizens will be the beneficiaries of a stronger, more connected health care system as soon as possible.

Explain the current performance of the objective as of this quarter. Where possible, express statistics and numbers in plain language, focusing on the impact to patients and staff

To support the development of the OHT, we have operationalized four priority project groups focused on: aging-well-at-home, palliative care partnerships, addictions and mental health integration, and coordinated discharge. A KHSC resource is supporting strategy development across the project groups and for the OHT as a whole, as well as communications and engagement to ensure we keep our partners and community informed and engaged with our progress.
In Q4 KHSC contributed leadership to:

- Strategic engagement and collaboration with our Ministry of Health and Ontario Health partners on issues related to future accountable, value-based models for OHTs, possible pilot projects that may be awarded to FLA OHT
- Supporting Transitional Leadership Collaborative with agenda planning & process design to support emerging strategy discussions
- Executing a strategy development process which is currently underway, including extensive, community-wide engagement on the future of our health-care system
- Providing professional consulting to the OHT project groups as they form communication, engagement and strategic plans to support their work
- Continuing to provide leadership to the Regional Health Information System project, now known as Lumeo; a key foundation for connecting hospitals, and eventually other providers in the system, on a common patient record and a platform for digital health.

Are we on track to meet the objective by year end? If not, explain why and what new tactics are planned to ensure we me

- Yes, we have achieved the objective as of year-end.

Definition: ACCOUNTABILITY:
EVP - David Pichora
MRP - Theresa MacBeth

TACTICS: Participate in FLA-OHT year-1 projects

REPORTING COMMITTEE: Governance

Target: Fiscal 2022 target:100%
Corridors:
RED: No = 0
YELLOW: Blank = in progress
GREEN: Yes = 1

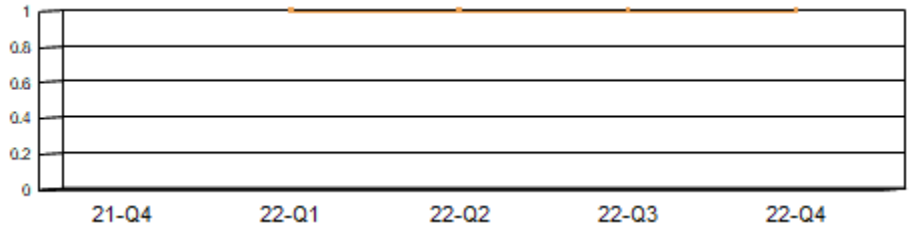
Kingston Health Sciences Centre
Centre des sciences de la santé de Kingston

Q4 FY2022 Strategy Performance Indicators Report

4. Launch KHSC as a leading centre for research and education

a. Foster a culture of teaching, learning, research and scholarship

Indicator: Coordinated learner experience strategy in place Y/N



	Actual	Target
21-Q4		
22-Q1		1
22-Q2		1
22-Q3		1
22-Q4		1

Describe the tactic(s) we are implementing to achieve this objective:

Each year, Kingston Health Sciences Centre (KHSC) welcomes more than 2,000 health-care learners which includes medical students, medical residents, nursing and allied health. They spend several years with us, learning and caring for patients at both sites, while completing their training to become qualified health care providers. As a fully accredited teaching hospital, KHSC has an accountability and responsibility to provide a safe, engaging and educational learning environment.
KHSC, and our affiliated Universities/Colleges, attracts some of the nation's brightest learners to pursue their health care education, which helps to create the capacity to provide highly specialized services for our community and region.
In order to gain a better understanding of the learning environment from the students' perspective, we have engaged them for their feedback regarding opportunities for enhancements in their overall educational experience and learning environment, while they continue to provide supervised quality care to our patients.
Kingston Health Sciences Centre wants to promote and create a safe and educational learning environment for all learners. We have always received feedback and surveyed our Staff and Physicians, but have not always obtain feedback from our learners about our engagement, learning and culture. We have developed a survey with our educational partners for distribution to our learners that will assist in developing an Education Strategy at KHSC.

Explain the current performance of the objective as of this quarter. Where possible, express statistics and numbers in plain language, focusing on the impact to patients and staff

Working in partnership with Queen's University/St. Lawrence College, Medical Affairs and Professional Practice portfolios have developed a survey for distribution to our learners that will assist in developing an Education Strategy at KHSC. Due to the pandemic, and disruption to learners, some of this work was put on hold and this work will have to carry over into next year's IACP.

Are we on track to meet the objective by year end? If not, explain why and what new tactics are planned to ensure we me

Our goal is to optimize the learner experience at KHSC by responding to learner experiences survey recommendations. We have completed the medical Students survey, we are on track to complete the survey for Residents. The overall strategy work was put on hold due to competing priorities with KHSC and our educational partners

Definition: ACCOUNTABILITY:
EVP - Mike Fitzpatrick
MRP - Chris Gillies

TACTICS: TBD

REPORTING COMMITTEE: People, Finance & Audit Committee

Target: Fiscal 2022 target:100%
Corridors:
RED: No = 0
YELLOW: Blank = in progress
GREEN: Yes = 1

Kingston Health Sciences Centre

Centre des sciences de la santé de Kingston

Q4 FY2022 Strategy Performance Indicators Report

Status:

N/A	Currently Not Available
	Green-Meet Acceptable Performance Target
	Red-Performance is outside acceptable target range and require
	Yellow-Monitoring Required, performance approaching

fiscal 20121-2022 **Q4**

4th quarter ended March 31, 2022

KHSC this quarter

Service Accountability Agreement Report

Hôpital Hotel Dieu Hospital

Hôpital Général de Kingston General Hospital

Kingston Health Sciences Centre

Centre des sciences de la santé de Kingston

Fiscal 2022 Kingston Health Sciences Centre

Service Accountability Agreement Performance Report

Kingston Health Sciences Centre
Centre des sciences de la santé de Kingston

			F2021						F2022								
			Q2		Q3		Q4		Q1		Q2		Q3		Q4		
Strategic Direction	**2020 Goal**	**Indicator**	21-Q2	Actual	21-Q3	Actual	21-Q4	Actual	22-Q1	Actual	22-Q2	Actual	22-Q3	Actual	22-Q4	Actual	**F2022 Q4 Target**
1. Ensure quality in every patient experience	2. Make quality the foundation of everything we do	Alternate Level Of Care (ALC) Rate (KHSC SAA)	G	10.4	G	9.6	G	10.9	G	10.9	G	11.6	G	13.1	N/A	NULL	**15.0**
		90th Percentile ED Length of Stay for Non-Admitted High Acuity Patients [CTAS I-III] (KGH SAA)	R	8	R	14.2	R	9.2	R	9.5	R	9.5	R	10	R	9.9	**6.3**
		90th Percentile ED Length of Stay for Non-Admitted High Acuity Patients [CTAS I-III] (HDH SAA)	G	5.1	G	4.9	G	5.1	G	5.1	G	5.4	G	5.3	G	5.3	**4.9**
		90th percentile ED Length of Stay for Non-Admitted Low Acuity Patients (CTAS IV-V) (KGH SAA)	Y	5.8	R	6.1	R	6.5	R	6.7	R	6.5	R	7.5	R	7.8	**4.6**
		90th percentile ED Length of Stay for Non-Admitted Low Acuity Patients (CTAS IV-V) (HDH SAA)	G	3.8	G	3.8	G	4	G	4.2	G	4.3	Y	4.7	Y	4.5	**4**
		Percent of Cases Completed within priority target for diagnostic CT Scan: Priority 2 to 4 (KGH SAA)	G	84	G	82	Y	76	G	82	G	88	G	95	G	90	**78**
		Percent of Cases Completed within priority target for MRI: Priority 2 to 4 (KGH SAA)	G	63	G	57	G	52	G	62	G	67	Y	51	G	55	**52.5**
		Percent of Cases Completed within priority target for diagnostic CT Scan: Priority 2 to 4 (HDH SAA)	Y	49	R	43	R	44	G	51	G	64	R	54	R	53	**64.5**
		Percent of Cases Completed within priority target for hip replacement surgery: Priority 2 to 4 (KGH SAA)	R	38	G	92	G	82	G	69	R	59	R	53.3	R	56	**71**
		Percent of Cases Completed within priority target for knee replacement surgery: Priority 2 to 4 (KGH SAA)	R	48	R	42	Y	74	R	56	R	54	R	51	R	37	**76**
		Percent of Cases Completed within priority target for hip replacement surgery: Priority 2 to 4 (HDH SAA)	R	69	G	81	G	84	G	81	R	55	R	56	R	58	**81.5**
		Percent of Cases Completed within priority target for knee replacement surgery: Priority 2 to 4 (HDH SAA)	R	67	R	61	G	92	R	50	R	71	R	64.3	R	66	**90**
		Rate Of Hospital Acquired Clostridium Difficile Infections (KGH SAA)	G	0.17	N/A	NULL	N/A	NULL	N/A	NULL	N/A	NULL	N/A	NULL	N/A	NULL	**NULL**
		Readmissions To Own Facility within 30 Days for Selected HBAM Inpatient Grouper (HIG) Conditions (KGH SAA)	G	11.8	G	13	G	14.7	G	14.8	G	12.2	G	16.1	N/A	NULL	**17.6**
		Percent ALC Days (KHSC SAA explanatory)	G	8.9	G	9.4	R	12.2	G	11.9	G	10.71	Y	13.3	N/A	NULL	**13.2**
		90th Percentile Time to Disposition Decision (admitted patients) (KHSC SAA)	Y	12.5	Y	12.1	R	13	R	12.8	R	14.3	R	15	R	15.2	**11.4**
		Percent of Cases Completed within priority target for cancer surgery: Priority 2 to 4 (KGH SAA)	R	79	Y	80	Y	81	R	69	R	65	R	78	R	66	**90**
		Percent of Cases Completed within priority target for cardiac bypass surgery: Priority 2 to 4 (KGH SAA)	G	98	G	93	G	92	R	79.7	R	78.9	N/A	NULL	N/A	NULL	**90**
		Percent of Cases Completed within priority target for cataract surgery: Priority 2 to 4 (HDH SAA)	R	26	R	44	R	46	R	27	R	38	R	39.2	R	40	**90**
		Percent of Stroke/TIA Patients Admitted to a Stroke Unit During Their Inpatient Stay (KGH SAA)	G	80	Y	68	Y	69.3	Y	72	Y	70	Y	65	Y	72	**75**
		Hospital Standardized Mortality Ratio (HSMR) (KGH SAA)	R	130	R	124	Y	105	Y	107	Y	107	N/A	NULL	N/A	NULL	**NULL**
		Central Line Bloodstream Infection Rate (KHSC SAA)	R	0.62	G	0.29	R	1.37	N/A	2.44	N/A	2.67	N/A	1.04	N/A	NULL	**NULL**

			F2021						F2022								
			Q2		Q3		Q4		Q1		Q2		Q3		Q4		F2022 Q4 Target
Strategic Direction	**2020 Goal**	**Indicator**	21-Q2	Actual	21-Q3	Actual	21-Q4	Actual	22-Q1	Actual	22-Q2	Actual	22-Q3	Actual	22-Q4	Actual	
		Rate Of Hospital Acquired Methicillin Resistant Staphylococcus Aureus Bacteremia (MRSA) (KGH SAA)	G	0	N/A	NULL	N/A	NULL	N/A	NULL	N/A	NULL	N/A	NULL	N/A	NULL	**NULL**
		Rate Of Ventilator-Associated Pneumonia (KGH SAA)	R	2.34	G	0.77	N/A	2.67	N/A	7.29	N/A	9.84	N/A	6.96	N/A	NULL	**NULL**
		Repeat Unscheduled Emergency Visits within 30 Days For Mental Health Conditions (KGH SAA)	R	34.3	R	35.2	Y	26.5	Y	28.6	Y	32	G	21.5	G	17.3	**25**
		Repeat Unscheduled Emergency Visits within 30 days for Substance Abuse Conditions (KGH SAA)	Y	36.7	G	31.9	Y	38	R	47.1	G	30	G	21.8	G	20	**35**
		Repeat Unscheduled Emergency Visits within 30 Days For Mental Health Conditions (HDH SAA)	R	85.4	R	55.6	R	38	R	52.8	R	49.5	Y	20.9	R	29.5	**16.3**
		Repeat Unscheduled Emergency Visits within 30 days for Substance Abuse Conditions (HDH SAA)	R	29.8	R	41.7	G	13.5	G	5.9	R	37.9	R	41.2	G	14.3	**22.4**
		Average number of days waited from referral/application to initial assessment complete (KHSC MSAA)	N/A	7.94	N/A	14.21	N/A	7.65	N/A	7.45	N/A	4.42	N/A	7.48	N/A	NULL	**NULL**
		Average number of days waited from Initial Assessment Complete to Service Initiation (KHSC MSAA)	N/A	4.04	N/A	3.77	N/A	9.61	N/A	8.63	N/A	14.53	N/A	7.86	N/A	NULL	**NULL**
		Repeat Unscheduled Emergency Visits within 30 Days For Mental Health Conditions (KHSC MSAA CMH)	R	41.1	R	38.8	R	28.4	R	32.5	R	34.6	R	21.4	Y	19.5	**16.3**
		Repeat Unscheduled Emergency Visits within 30 days for Substance Abuse Conditions (KHSC MSAA CMH)	R	35.8	R	32.8	R	34.8	R	43.8	R	33.3	G	23	G	19.5	**22.4**
		QBP (Quality Based Procedure) - Acute Primary Unilateral Hip Replacement (KHSC SAA)	G	82	R	146	R	222	R	25	R	67	R	141	R	177	**347**
		QBP (Quality Based Procedure) - Acute Primary Unilateral Knee Replacement (KHSC SAA)	Y	112	R	204	R	321	R	23	R	124	R	205	R	271	**530**
		QBP (Quality Based Procedure) - Bilateral Hip and Knee Replacement (KGH SAA)	R	9	R	15	R	20	R	9	R	19	R	34	R	45	**13**
		QBP (Quality Based Procedure) - Knee Arthroscopy (KHSC SAA)	R	40	R	80	R	113	R	21	R	46	R	65	R	76	**229**
		QBP (Quality Based Procedure) - Non-Emergent Spine (Non-Instrumented - Day Surgery) (KHSC SAA)	G	28	R	55	R	78	R	7	R	18	R	32	R	42	**110**
		QBP (Quality Based Procedure) - Non-Emergent Spine (Non-Instrumented - Inpatient Surgery) (KHSC SAA)	R	60	Y	112	Y	149	R	28	R	57	R	96	R	114	**171**
		QBP (Quality Based Procedure) - Non-Emergent Spine (Instrumented - Inpatient Surgery) (KHSC SAA)	Y	18	Y	35	G	56	Y	17	R	37	R	56	R	78	**56**
		QBP (Quality Based Procedure) - Shoulder (Arthroplasties) (KHSC SAA)	G	6	R	10	R	16	R	3	R	8	R	13	R	13	**50**
		QBP (Quality Based Procedure) - Shoulder (Reverse Arthroplasties) (KHSC SAA)	R	8	R	22	R	29	R	2	R	9	R	13	R	21	**46**
		QBP (Quality Based Procedure) - Shoulder (Repairs) (KHSC SAA)	Y	27	R	53	R	70	R	2	R	16	R	29	R	43	**130**
		QBP (Quality Based Procedure) - Shoulder (Other) (KHSC SAA)	G	5	R	6	R	10	R	0	R	5	R	9	R	11	**23**
		QBP (Quality Based Procedure) - COPD (KGH SAA)	R	166	G	254	R	318	R	90	R	166	R	243	R	312	**506**
		QBP (Quality Based Procedure) - Endoscopy (KHSC SAA)	R	1,674	R	4,895	R	6,687	G	2,019	Y	3,969	G	6,401	G	8,809	**8,964**
		QBP (Quality Based Procedure) - Heart Failure (CHF) (KGH SAA)	R	190	G	290	G	385	Y	122	G	217	R	219	G	443	**420**

			F2021						F2022								
			Q2		Q3		Q4		Q1		Q2		Q3		Q4		F2022 Q4 Target
Strategic Direction	**2020 Goal**	**Indicator**	21-Q2	Actual	21-Q3	Actual	21-Q4	Actual	22-Q1	Actual	22-Q2	Actual	22-Q3	Actual	22-Q4	Actual	
2. Improve the health of our communities through partnership and innovation	KHSC is part of an integrated and sustainable regional health-care system	QBP (Quality Based Procedure) - Hip Fracture (KHSC SAA)	R	143	G	203	G	273	G	63	G	135	G	215	G	294	**277**
		QBP (Quality Based Procedure) - Hysterectomy (KHSC SAA)	R	54	R	100	Y	140	R	22	G	75	G	109	R	130	**170**
		QBP (Quality Based Procedure) - Pneumonia (KGH SAA)	Y	81	R	131	R	174	R	44	R	98	R	153	R	204	**301**
		QBP (Quality Based Procedure) - Stroke - Hemorrhage (KGH SAA)	R	28	R	39	R	53	R	8	G	20	G	31	G	46	**44**
		QBP (Quality Based Procedure) - Stroke - Ischemic or Unspecified (KGH SAA)	R	148	Y	223	Y	296	G	68	G	148	G	230	G	297	**280**
		QBP (Quality Based Procedure) - Stroke - Transient Ischemic Attack (TIA) (KGH SAA)	G	16	R	25	R	32	R	3	R	8	R	15	R	23	**51**
		QBP (Quality Based Procedure) - Stroke - Endovascular (KGH SAA)	R	29	R	43	R	62	G	18	G	36	G	56	G	71	**66**
		QBP (Quality Based Procedure) - Tonsillectomy (KHSC SAA)	R	54	R	79	R	97	R	2	R	20	R	32	R	49	**291**
		QBP (Quality Based Procedure) - Vascular - Aortic Aneurysm (KGH SAA)	R	26	Y	38	Y	49	R	2	R	19	R	32	R	40	**59**
		QBP (Quality Based Procedure) - Vascular - LEOD (KGH SAA)	R	17	G	30	R	100	R	41	R	77	R	148	R	147	**36**
		QBP (Quality Based Procedure) - Unilateral Cataract Repair Surgery (HDH SAA)	R	549	R	1023	R	1606	R	203	R	759	R	1133	N/A	0	**2917**
		QBP (Quality Based Procedure) - Non-Routine and Bilateral Cataract Repair Surgery (HDH SAA)	R	116	R	206	R	278	R	55	R	128	R	211	R	317	**69**
		QBP (Quality Based Procedure) - Corneal Transplant (Day Surgery) (KHSC SAA)	R	38	R	54	R	78	Y	19	Y	40	G	73	G	92	**93**
		Ambulatory Care Volumes (KHSC SAA)	Y	130,004	G	115,732	R	132,756	G	120,117	G	110,412	R	146,847	N/A	NULL	**115,275**
		Day Surgery Weighted Cases (KHSC SAA)	Y	1,382	G	1,515	G	1,533	R	1,069	G	1,404	G	1,528	G	1,445	**1,505**
		Emergency Department Weighted Cases (KHSC SAA)	Y	1,334	R	1,109	Y	1,238	Y	1,303	G	1,496	G	1,391	G	1,443	**1,482**
		Emergency Department and Urgent Care Visits (KHSC SAA)	G	26,067	Y	22,598	Y	22,091	Y	24,333	G	29,715	G	27,040	Y	23,601	**29,734**
		Inpatient Mental Health Patient Days (KHSC SAA)	R	2,855	R	2,912	R	2,504	R	2,446	R	2,859	R	2,964	N/A	NULL	**3,629**
		Total Inpatient Acute Weighted Cases (KHSC SAA)	R	8,792	Y	9,653	Y	9,984	G	10,482	Y	10,020	R	8,367	N/A	NULL	**10,628**
3. Launch KHSC as a leading centre for research and education	KHSC is a top operational performer amongst Ontario teaching hospitals	Current Ratio (Consolidated – All Sector Codes And Fund Types) (KHSC SAA)	G	2.02	G	2.1	G	1.79	N/A	NULL	N/A	NULL	N/A	NULL	N/A	NULL	**NULL**
		Total Margin (Consolidated – All Sector Codes And Fund Types) (KHSC SAA)	G	1.25	G	1	G	1.89	N/A	NULL	N/A	NULL	N/A	NULL	N/A	NULL	**0**
		Adjusted Working Funds / Total Revenue % (KHSC SAA)	N/A	NULL	N/A	NULL	N/A	NULL	N/A	NULL	N/A	NULL	N/A	NULL	N/A	NULL	**NULL**
		Total Margin (Hospital Sector Only) (KHSC SAA)	G	1.42	G	1.14	G	2.15	N/A	NULL	N/A	NULL	N/A	NULL	N/A	NULL	**0**