fiscal 2021-2022 **Q3**

3rd quarter ended December 31, 2021

KHSC this quarter

Strategy Performance Report

Kingston Health Sciences Centre

Centre des sciences de la santé de Kingston

KHSC Strategy Performance Report Fiscal 2022

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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	**16**
Year-1 project participation	**17**

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	**18**

Indicator Status Legend	**19**

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Strategic Direction	Goal	Indicator	21-Q3	21-Q4	22-Q1	22-Q2	22-Q3
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	N/A	G	G	Y
		Diagnostic, cancer & elective activity volumes meet monthly target	G	G	Y	G	G
		% of compliance for accreditation	N/A	N/A	R	R	G
		Rate of hospital-acquired pressure injuries	Y	G	G	N/A	R
		COVID Incremental Cost Recovery	Y	G	Y	Y	G
		Achieve pre-COVID position by March 31	G	G	Y	Y	G
		HSAA/MSSA conditions met	G	G	Y	Y	G
		Board endorses RFP for managed equipment services Y/N	N/A	N/A	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	N/A	G	G	G
	c. Create the space for a better experience	Issue RFQ and complete PSOS Y/N	N/A	N/A	G	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	N/A	G	Y	Y
		Talent management & succession plan in place Y/N	N/A	N/A	G	G	Y
		Workplace violence Incidents reported per quarter	Y	Y	Y	G	Y

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		Indicator	21-Q3	21-Q4	22-Q1	22-Q2	22-Q3
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	N/A	G	G	G
		Year-1 project participation Y/N	N/A	N/A	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	N/A	Y	Y	Y

	SPR				SAA			
	F21				F21			
	Q1 %	Q2 %	Q3 %	Q3 #	Q1 %	Q2 %	Q3 %	Q3 #
R	6%	19%	13%	2	49%	49%	32%	22
G Y	94%	81%	88%	14	36%	36%	51%	35
N/A	0%	0%	0%	0	14%	14%	17%	12
				16				69

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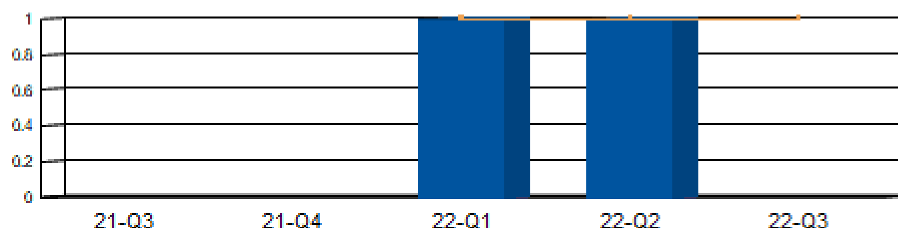
1. Ensure quality in every patient experience

a. Make quality the foundation of everything we do

Indicator: **% of HSO accreditation standards met in Virtual Care**



	Actual	Target
21-Q3		
21-Q4		
22-Q1	1	**1**
22-Q2	1	**1**
22-Q3		**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 3 focused on:
1) Drafting a Corporate Virtual Health Service Design policy
2) Development of staff/clinician and patient orientation to Virtual Care using TEAMs
3) Creating a website presence on the KHSC internet summarizing general information on Virtual Care for patients and families

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 Q3 - 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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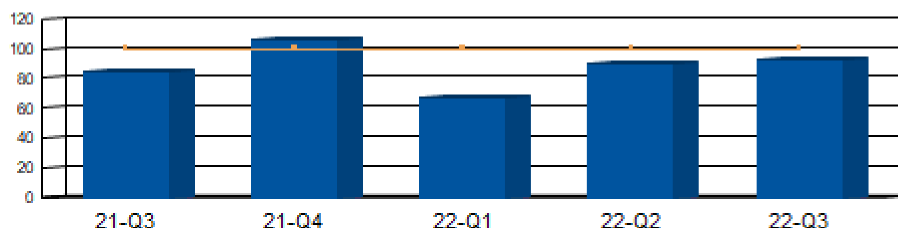
1. Ensure quality in every patient experience

a. Make quality the foundation of everything we do

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



	Actual	Target
21-Q3	84	**100**
21-Q4	106	**100**
22-Q1	67	**100**
22-Q2	90	**100**
22-Q3	93	**100**

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

We continue to prioritize surgeries, wait lists to meet targets, prioritizing OR access to address community and patient needs. In September we increased OR allocation at KGH site to 10 OR's daily with 3 extended 10 hour rooms to accommodate increasing case acuity.
We have supported Ophthalmology utilizing Focus Eye to address cataract backlog, beginning in November. PSFDH continues to support outpatient orthopedic work for arthroscopy and spine.
We have been able to recruit staff for the OR, MDRD and RT to further support OR allocations, optimizing Innovation funding.
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

With the increase of 1 additional OR at KGH site from 9 to 10 September 13th; and continuing 100% OR allocation at HDH we have been able to see increased progress in our planned activity.
Non- elective QBP increased by 9% in Q3 experiencing a positive shift for unilateral joints and cataracts and gynecological surgery. Provincial Priority saw a 1% increase. Elective non-onc had an 80% increase. Cardiac had a 7% increase. Oncology had a 19% increase.) . We see a gradual improvement in Pediatric Surgery and will continue to monitor this group. Cardiac Surgery has remained fairly consistent at 82% in Q3, and we monitor inpatient capacity closely to maximize all resources.
Cancer volumes are prioritized as urgent, time sensitive cases (November we met 117% of our monthly target). We will continue to monitor our wait time targets for cancer as our volumes have been good but wait times are still a bit behind for some disease sites.
DI is now staffing CT 24/7 and is focusing on evening and weekend hours to gain efficiencies.

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

We were moving in the right direction however COVID Wave 4 has changed our projection due to a 30% OR reduction at KGH site and a 23% OR reduction at HDH site.
Our goal is to go back to 10 OR's when Directive 2 is changed/ lifted; 11 in March as staff become independent in the OR. HDH will increase to 90% again once Directive 2 is lifted. We will continue to monitor wait lists and surgical priorities for access.
DI continues to focus on innovative ways to attract experienced MRI technologists as well as growing internal candidates.

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%

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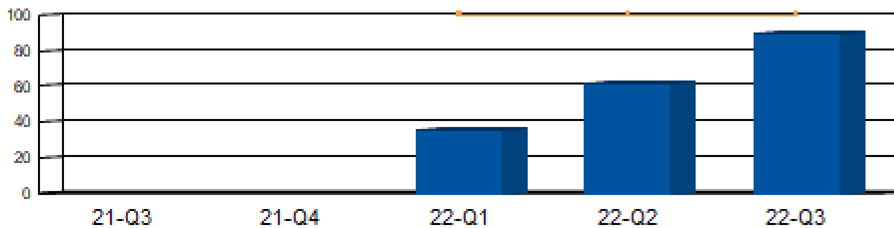
1. Ensure quality in every patient experience

a. Make quality the foundation of everything we do

Indicator: **% of compliance for accreditation**



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

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

All 31 ROPs have an identified lead and detailed wokrplans created in Q1 that are guiding their improvement work. ROP progress is reported monthly to the Accreditation Task Force.   ROP initiatives are supported by the Accreditation Communications Plan.

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

Currently 90% of the Required Organizational Practice tests for compliance have been met.   All teams are on-track and it is expected that all ROPs will be fully compliant in Q4.

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

We are on-track to meet this objective.

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%

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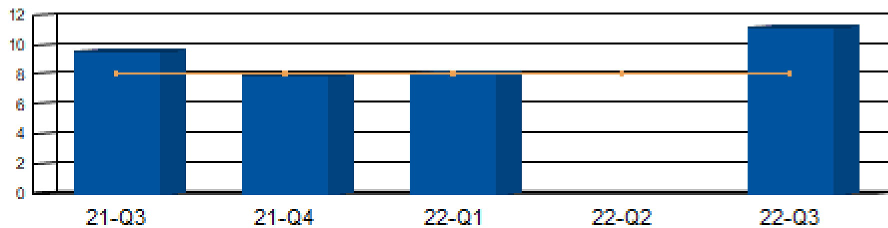
1. Ensure quality in every patient experience

a. Make quality the foundation of everything we do

Indicator: **Rate of hospital-acquired pressure injuries**



	Actual	Target
21-Q3	9.5	8
21-Q4	7.9	8
22-Q1	8.1	8
22-Q2		8
22-Q3	11.1	8

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

As we move into Q4 we are reviewing the tactics, policies and practices that we have had previously put into place with Professional Practice. Programs with inpatient units are being actively engaged at daily huddles to discuss patients at risk for pressure injury, assessment of wounds and interventions. We will continue to build this assessment, intervention and evaluation of risk and actual pressure injuries. Inpatient Medicine will pilot weekly rounds and prevalence audits with managers and nurses in an effort to increase awareness and optimize care planning strategies. We also introduced Patient Mobility Aids in late Q3 which will have several benefits including preventing functional decline, skin breakdown and assisting with activities of daily living.

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 October of Q3 a corporate wide pressure injury prevalence was completed with a result of 11.1% hospital acquired pressure injury rate. The range of prevalence was 3-29%, 3 areas with high prevalence started with monthly prevalence. The area with the highest prevalence moved to a weekly program based prevalence assessment for Q4.

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 have put into place some new interventions for Q4 that are targeted at overall quality and are also expected 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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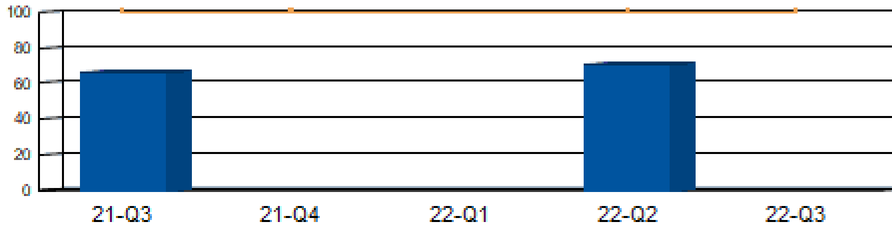
Q3 FY2022 Strategy Performance Indicators Report

1. Ensure quality in every patient experience

a. Make quality the foundation of everything we do

Indicator: COVID Incremental Cost Recovery



	Actual	Target
21-Q3	66	**100**
21-Q4		**100**
22-Q1		
22-Q2	70	**100**
22-Q3		**100**

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

KHSC continues to submit monthly COVID incremental costs to the Ministry. Ministry has shown commitment to fund the COVID expenses and so far they have reimbursed COVID expenses for the month of April - June.

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

MOH has reimbursed $3M for the April 2021 – June 2021.

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

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%

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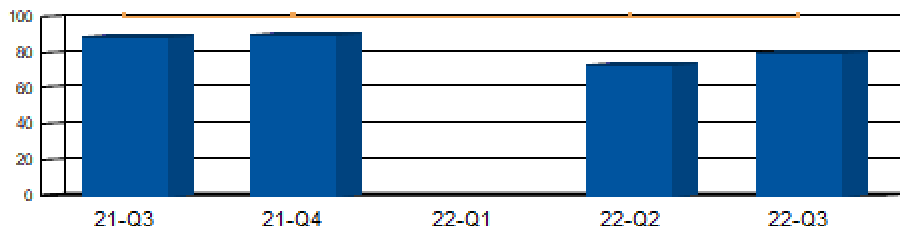
1. Ensure quality in every patient experience

a. Make quality the foundation of everything we do

Indicator: **Achieve pre-COVID position by March 31**



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

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

Volume-based funding was significantly behind target YTD December due to Wave 3 ramp down, 80% of MOH and 100% of Cancer Activity funding was achieved.

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

Work is underway to catch up with cancelled surgeries and procedures. Sept 13 OR rooms at both HDH and KGH were increased, with focus on cancer and tertiary services. Funded volumes were transferred to Perth Smiths Falls to reduce orthopedic wait-times for spine and arthroscopy. Partnership with Focus Eye for cataract surgeries commenced in November to allow other ophthalmology procedures to occur at the HDH site. These initiative have improved our funded volumes over Q1 and have also improved other backlogs.

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 the lost surgical and clinical time in Q1 it is not expected that full volumes for MOH activity will be achieved, however, work is underway to maximize the revenue either through completion of volumes or based on Ministry direction regarding the ability to access unearned funds to offset cost pressures. Directive 2 announcement by the Ministry in early January has further impacted our ability to meet our funded volumes.

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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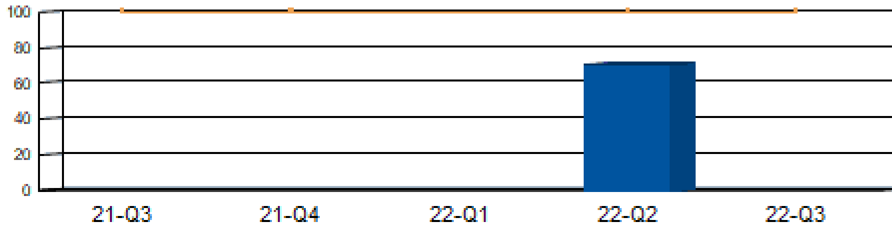
1. Ensure quality in every patient experience

a. Make quality the foundation of everything we do

Indicator: **HSAA/MSSA conditions met**



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

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

As of Jan 2022, the hospital operational budget is in a balanced position.

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

Reimbursement of the COVID expenses played a significant role in achieving a balanced operational budget.

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

We are on track and the hospital is forecasting a surplus by the end of the year. But the net position will only be confirmed after the external audit and broad-based reconciliation.

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%

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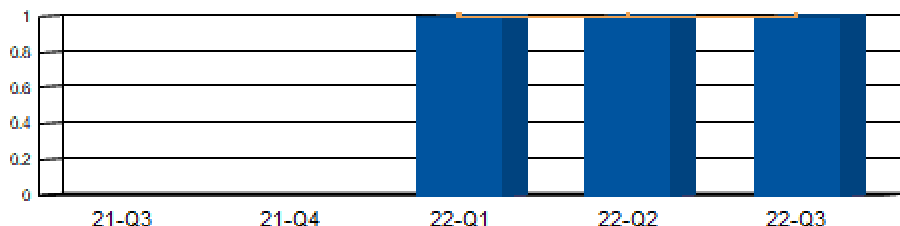
Q3 FY2022 Strategy Performance Indicators Report

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

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

The project is on track and we are hopeful to complete the feasibility study before Q4.

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

Quantifying the financial and clinical benefits associated with the project

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 and confident that we will be present this to board in May.

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

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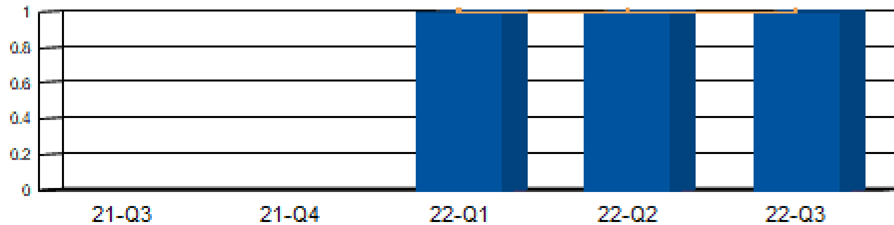
1. Ensure quality in every patient experience

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

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

Co-designing and delivering education on advisor roles in accreditation for both advisors and staff
Working to draft guiding principles of patient engagement in partnership with advisors and staff and share for feedback. Identifying stakeholders and beginning PFCC Portal project planning

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

Walk about education done and Accreditation lunch and learn opportunities shared with Advisors. Check in with Accreditation Lead monthly re: updates at PFAC. PFCC embedded in other education for staff. Drafting the guiding principles is progressing a bit more slowly, but conversations ongoing. Coming to February PFAC meeting for more in depth discussion and direction for next steps re: education and communication. Work to identify stakeholders and build out "portal" is ongoing.

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

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

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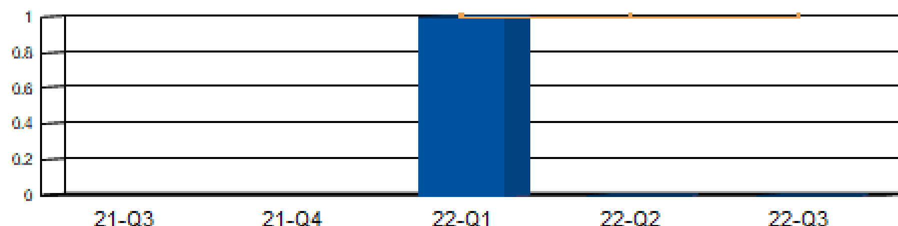
1. Ensure quality in every patient experience

c. Create the space for a better experience

Indicator: **Issue RFQ and complete PSOS Y/N**



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

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

RFQ was released in late August, and PSOS development continue with the new 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. The RFP timelines are at risk.

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

We are no longer on track to finalize the PSOS by year end due to the additional infrastructure studies required. Discussions are ongoing with the Ministry and Infrastructure Ontario to maintain approval processes and mitigate schedule delays as much as possible.

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

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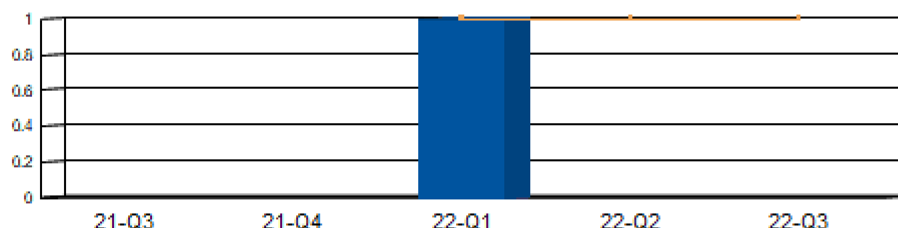
2. Nurture our passion for caring, leading and learning

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

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

The Staff and Physician Experience Survey results continued to be rolled out and communicated, including the leadership results and discussion. Learning and development opportunities was lower scoring, so we continued to pursue funding and offer Linkedin Learning, Indigenous Cultural Safety training opportunities and Coaching Gentle Persuasive Techniques. Total funding to date is valued at approximately $58K. The diversity, equity, inclusion advisory group was concluded in Q3 to create a new path for a formal inclusion committee. This was delayed in implementation due to pandemic priorities however, further planning, branding and communication plans were worked on in the background. The recruitment and retention task force continued to focus on critical work to address the immediate shortage of talent and retention strategies. The recruitment policy refresh is expected to be completed in Q4. Sprinkle Some Joy appreciation occurred for staff including draws, giveaways, snack items which were distributed directly to the frontline workers.

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

Yes, we are delayed into Q4 due to other pandemic priorities however, with focused efforts still on track for year end.

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

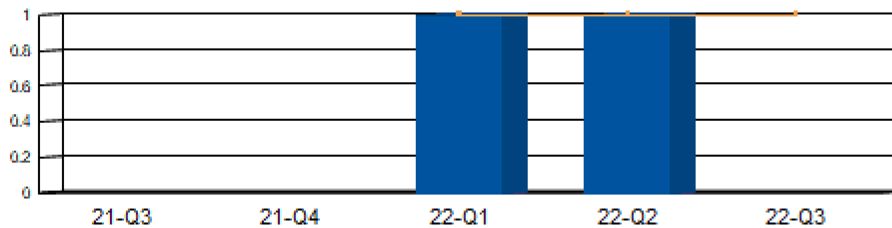
Centre des sciences de la santé de Kingston

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

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

Talent review meetings progressed to support succession planning. Plan completions are taking longer for leaders to complete. Although the rollout of the leadership development framework (RISE) has been delayed due to pandemic influences and priorities still in the forefront, the learning management system was organized to put in foundational pieces of RISE and components of the financial stewardship course were presented to directors. Linked In learning was offered and most sought after topics include leadership, interpersonal and communication skills. New hire and exit surveys were continued with a focus on what might with retention and gaps. Other tactics for retention, recruitment and learning included accessing funding for training to support development, increasing learners, and communication of tactics.

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

Some delay, however it's expected to be completed by end of Q4.

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

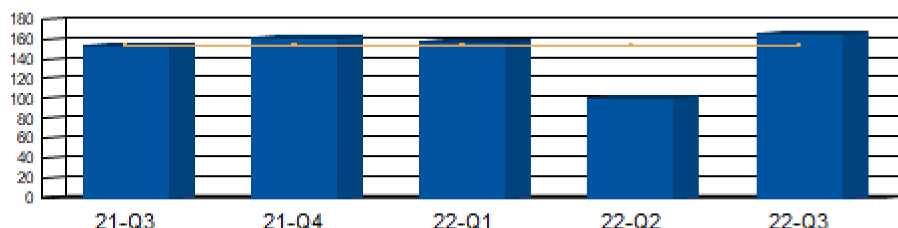
Centre des sciences de la santé de Kingston

Q3 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-Q3	154	**153**
21-Q4	161	**153**
22-Q1	157	**153**
22-Q2	101	**153**
22-Q3	166	**153**

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

The revised Risk Reduction Plan (RRP), with incorporation of the 'Learn About me" resource, and a separate RRP for the MH&A Program were finalized in Q4, with the plan and supporting documents for spread throughout KHSC finalized. Roll out/education to commence early January 2022 with implementation fo the new plans Jan 17, 2022. The RRPs will transition from being in the kardex to the front of the chart and as a legal chart record will be now be available for staff in PCS. Work continues on the KHSC customized 2 day workplace violence prevention training for the ED and MH&A Programs. We are still working toward an implementation date of April 1, 2022 however with a change in our training partner from Stay Safe to Crisis Prevention Institute (NVCI) we need to make changes to the draft program content. An updated process for registration/documentation of existing NVCI training is ongoing so that there is improved awareness of training completion. Completion of corporate violence risk assessment is at approx. 70% with many of those not yet completed being for units/depts where there are new leaders.

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

A total of 121 incidents of violence were reported this quarter with 166 staff impacted/involved related to these incidents which is just above the target of 163 or less. Of these, 27 staff and affiliates (security personnel primarily) reported injuries which is consistent with Quarter 2 (n=23) and much lower than Quarter 1 (n=47). In Quarter 3 we did see a larger number of WSIB claims (n=8) than we did in Quarter 2 (N=0) with 75% of these WSIB claims having occurred in security personnel. In Quarter 3, there were 3 reported WSIB lost time injuries for staff, and for security personnel, 1 lost time injury and 4 Health Care claims reported to the WSIB. These WSIB were due to incidents in the ED, UCC, B4 MH&A Program, and K10 Pediatrics.

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

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

TACTICS: As per F22 QIP work plan.

REPORTING COMMITTEE: People, Finance & Audit Committee

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

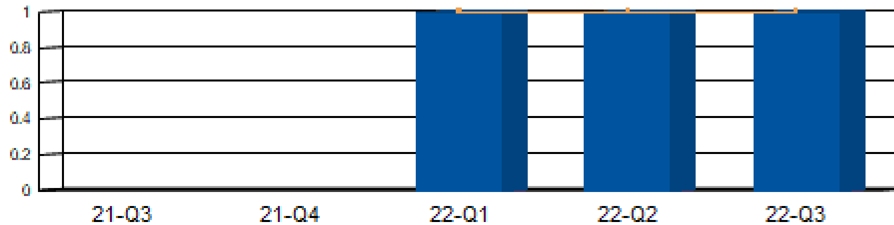
Centre des sciences de la santé de Kingston

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

The Regional Health Information System (HIS) Project Team completed the recruitment of over 40 full-time positions. Regional nomination work to find the Subject Matter Experts necessary from all Partner Organizations to enable the work of the HIS project was initiated during this quarter. The vast majority of the 300+ clinicians, physicians and administrators required were identified during this time. The project was officially kicked off through an Executive Leadership Workshop at the end of November to provide the foundation required for successful Change Management and Communications. Project Branding was officially approved prior to the Christmas break and will launch in the New Year.

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

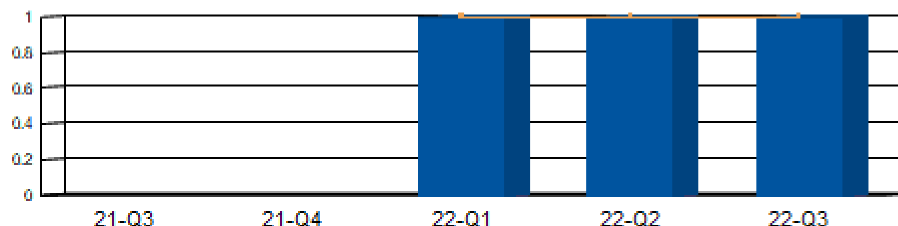
Centre des sciences de la santé de Kingston

Q3 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-Q3		
21-Q4		
22-Q1	1	1
22-Q2	1	1
22-Q3	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, the 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 60 other health care partners throughout this region, submitted an OHT application which demonstrated that we have the right partners and plans in place to create a fully integrated health-care system for the attributed population in Frontenac, Lennox & Addington, and that 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 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. 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

KHSC 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. To support the development of the OHT now that it has been approved by the Ministry, 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, as well as communications and engagement to ensure we keep our partners and community informed and engaged with our progress.
In Q3 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.
- Collaboration with the Ministry of Health and the City of Kingston to support the Integrated Care Hub – a unique community project that embodies our KHSC and OHT vision of partnering to achieve better health for our communities while transforming our health-care system
- Supporting Transitional Leadership Collaborative with agenda planning & process design to support emerging strategy discussions
- Running the OHT communications and engagement (CE) working group and recruiting a full time communications and engagement lead
- Designing a strategy development process to take place throughout Q3 and Q4
- Designing a facilitating a Partnership Council engagement session
- Designing and implementing an OHT-wide engagement process to support the development of our first OHT strategic plan
- Designing a community-wide engagement strategy that will be implemented in the spring and summer of 2022
- Providing professional consulting to the OHT project groups as they form communication and engagement plans to support their work

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 to achieve the objective by 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

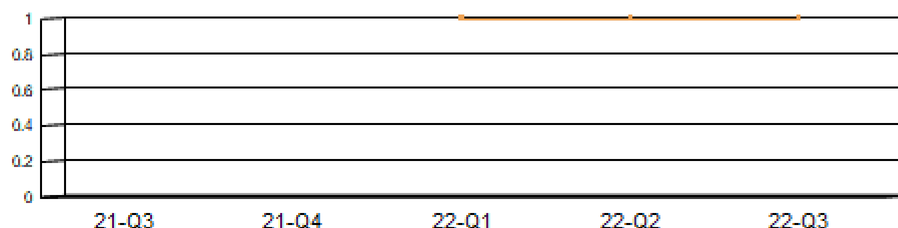
Centre des sciences de la santé de Kingston

Q3 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-Q3		
21-Q4		
22-Q1		1
22-Q2		1
22-Q3		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 Quarter and 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. Nursing and Allied Health, although will be delayed by a few months in light of the pandemic and competing priorities. The overall strategy work was put on hold due to the wave 4 pandemic.

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

Q3 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
2021-2022 **Q3**

3rd quarter ended December 31, 2021

KHSC this quarter

Service Accountability Agreement Report

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

Strategic Direction	2020 Goal	Indicator	F2021						F2022						F2022 Q3 Target
			Q2		Q3		Q4		Q1		Q2		Q3		
			21-Q2	Actual	21-Q3	Actual	21-Q4	Actual	21-Q1	Actual	21-Q2	Actual	21-Q3	Actual	
		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	**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	**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	**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	**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	**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	**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	**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	**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	**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	**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	**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	**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	**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	13.1	**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	**13.2**
1. Ensure quality in every patient experience	2. Make quality the foundation of everything we do	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	**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	**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	**NULL**
		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	**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	**75**
		Hospital Standardized Mortality Ratio (HSMR) (KGH SAA)	R	130	R	124	Y	105	Y	107	Y	107	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	**NULL**

			F2021						F2022						
			Q2		Q3		Q4		Q1		Q2		Q3		
Strategic Direction	2020 Goal	Indicator	21-Q2	Actual	21-Q3	Actual	21-Q4	Actual	21-Q1	Actual	21-Q2	Actual	21-Q3	Actual	F2022 Q3 Target
		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	**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	**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	**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	**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	**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	**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	**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	**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	**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	**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	**260**
		QBP (Quality Based Procedure) - Acute Primary Unilateral Knee Replacement (KHSC SAA)	Y	112	R	204	R	321	R	23	R	124	R	205	**397**
		QBP (Quality Based Procedure) - Bilateral Hip and Knee Replacement (KGH SAA)	R	9	R	15	R	20	R	9	R	19	R	34	**10**
		QBP (Quality Based Procedure) - Knee Arthroscopy (KHSC SAA)	R	40	R	80	R	113	R	21	R	46	R	65	**172**
		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	**82**
		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	**128**
		QBP (Quality Based Procedure) - Non-Emergent Spine (Instrumented - Inpatient Surgery) (KHSC SAA)	Y	18	Y	35	G	56	Y	17	R	37	R	56	**42**
		QBP (Quality Based Procedure) - Shoulder (Arthroplasties) (KHSC SAA)	G	6	R	10	R	16	R	3	R	8	R	13	**37**
		QBP (Quality Based Procedure) - Shoulder (Reverse Arthroplasties) (KHSC SAA)	R	8	R	22	R	29	R	2	R	9	R	13	**29**
		QBP (Quality Based Procedure) - Shoulder (Repairs) (KHSC SAA)	Y	27	R	53	R	70	R	2	R	16	R	29	**97**
		QBP (Quality Based Procedure) - Shoulder (Other) (KHSC SAA)	G	5	R	6	R	10	R	0	R	5	R	9	**17**
		QBP (Quality Based Procedure) - COPD (KGH SAA)	R	166	G	254	R	318	R	90	R	166	R	243	**379**
		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	**6,722**
		QBP (Quality Based Procedure) - Heart Failure (CHF) (KGH SAA)	R	190	G	290	G	385	Y	122	G	217	R	219	**280**

			F2021						F2022						
			Q2		Q3		Q4		Q1		Q2		Q3		F2022 Q3 Target
Strategic Direction	**2020 Goal**	**Indicator**	21-Q2	Actual	21-Q3	Actual	21-Q4	Actual	21-Q1	Actual	21-Q2	Actual	21-Q3	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	**208**
		QBP (Quality Based Procedure) - Hysterectomy (KHSC SAA)	R	54	R	100	Y	140	R	22	G	75	G	109	**126**
		QBP (Quality Based Procedure) - Pneumonia (KGH SAA)	Y	81	R	131	R	174	R	44	R	98	R	153	**226**
		QBP (Quality Based Procedure) - Stroke - Hemorrhage (KGH SAA)	R	28	R	39	R	53	R	8	G	20	G	31	**33**
		QBP (Quality Based Procedure) - Stroke - Ischemic or Unspecified (KGH SAA)	R	148	Y	223	Y	296	G	68	G	148	G	230	**210**
		QBP (Quality Based Procedure) - Stroke - Transient Ischemic Attack (TIA) (KGH SAA)	G	16	R	25	R	32	R	3	R	8	R	15	**38**
		QBP (Quality Based Procedure) - Stroke - Endovascular (KGH SAA)	R	29	R	43	R	62	G	18	G	36	G	56	**50**
		QBP (Quality Based Procedure) - Tonsillectomy (KHSC SAA)	R	54	R	79	R	97	R	2	R	20	R	32	**218**
		QBP (Quality Based Procedure) - Vascular - Aortic Aneurysm (KGH SAA)	R	26	Y	38	Y	49	R	2	R	19	R	32	**44**
		QBP (Quality Based Procedure) - Vascular - LEOD (KGH SAA)	R	17	G	30	R	100	R	41	R	77	R	148	**27**
		QBP (Quality Based Procedure) - Unilateral Cataract Repair Surgery (HDH SAA)	R	549	R	1023	R	1606	R	203	R	759	R	1133	**1944**
		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	**52**
		QBP (Quality Based Procedure) - Corneal Transplant (Day Surgery) (KHSC SAA)	R	38	R	54	R	78	Y	19	Y	40	G	73	**70**
		Ambulatory Care Volumes (KHSC SAA)	Y	130,004	G	115,732	R	132,756	G	120,117	G	110,412	R	146,847	**115,752**
		Day Surgery Weighted Cases (KHSC SAA)	Y	1,382	G	1,515	G	1,533	R	1,069	G	1,404	G	1,528	**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	**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	**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	**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	**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	**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	**NULL**
		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	**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	**NULL**