

fiscal
2020-2021 **Q4**
4th quarter ended March 31, 2021

KHSC **this** **quarter**



Strategy Performance Report



Kingston Health
Sciences Centre

Centre des sciences de
la santé de Kingston

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Strategic Direction 1

Ensure quality in every patient experience

Outcome: Make quality the foundation of everything we do

Virtual Health service design is in place	3
Diagnostic, cancer & elective activity volumes meet monthly target	4
ROP Assessment completed & action plans completed for al ROPs with identified gaps	5
Rate of hospital-acquired pressure injuries	6
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Achieve pre-COVID position by March 31	8
HSAA/MSAA conditions met	9

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

IACP work teams include patient advisor(s)	10
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Outcome: Create the space for better care

Begin PSOS Development; issue request for qualifications	11
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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

Communication & education plans developed for top 3 sources of stress identified from survey	12
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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

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Strategic Direction 4

Launch KHSC as a leading centre for research and education

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

Recommendations from learner experience survey delivered to executive team	17
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Q4 FY2021 Strategy Performance Indicators Report

Strategic Direction	Goal	Indicator	21-Q1	21-Q2	21-Q3	21-Q4	22-Q1
1. Ensure quality in every patient experience	a. Make quality the foundation of everything we do	Virtual Health service design is in place	N/A	Y	G	G	N/A
		Diagnostic, cancer & elective activity volumes meet monthly target	N/A	Y	G	G	N/A
		ROP Assessment completed & action plans completed for all ROPs with identified gaps	N/A	Y	G	G	N/A
		Rate of hospital-acquired pressure injuries	N/A	R	Y	G	N/A
		COVID Incremental Cost Recovery	N/A	R	Y	G	N/A
		Achieve pre-COVID position by March 31	N/A	Y	G	G	N/A
		HSAA/MSSA conditions met	N/A	Y	G	G	N/A
	b. Lead evolution of patient- and family- centred care	IACP work teams include patient advisor(s)	N/A	G	G	G	N/A
	c. Create the space for a better experience	Begin PSOS Development; Issue request for qualifications	N/A	G	Y	R	N/A
	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	Communication & education plans developed for top 3 sources of stress identified from survey data	N/A	G	G	Y
Executive team members participate in the Leads competency-based framework retreat/ education day			N/A	G	Y	G	N/A
Workplace violence Incidents reported per quarter			G	R	Y	Y	N/A
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	HIS contract signed	G	G	G	G	N/A

	Indicator	21-Q1	21-Q2	21-Q3	21-Q4	22-Q1	
		OHT application submitted	N/A	G	G	G	N/A
4. Launch KHSC as a leading centre for research and education	a. Foster a culture of teaching, learning, research and scholarship	Recommendations from learner experience survey delivered to executive team	N/A	Y	Y	Y	N/A

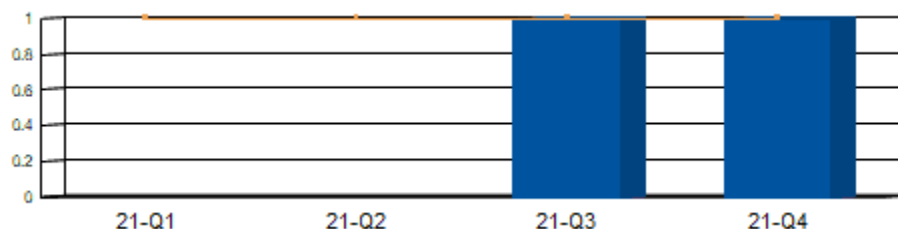
	SPR					SAA				
	F21					F21				
	Q1 %	Q2 %	Q3 %	Q4 %	Q4 #	Q1 %	Q2 %	Q3 %	Q4 %	Q4 #
R	0%	20%	0%	7%	1	59%	54%	46%	46%	32
G Y	13%	80%	100%	93%	14	32%	36%	41%	42%	29
N/A	87%	0%	0%	0%	0	9%	10%	13%	12%	8
					15					69

Q4 FY2021 Strategy Performance Indicators Report

1. Ensure quality in every patient experience

a. Make quality the foundation of everything we do

Indicator: Virtual Health service design is in place



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

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

Problem Statement: Rapid evolution in the use of virtual care during the COVID pandemic has exposed associated risks related to quality, safety, timeliness, effectiveness, patient and family centeredness, efficiency, sustainability and scalability. In the absence of a Virtual Health Service design framework at KHSC, there is greater opportunity for use of this healthcare modality to drive quality and safety in virtual care at KHSC.

Q3 (October – Dec):

- Establish the Executive Steering Committee, project team, and the relevant key knowledge stakeholders
- Begin the development of a Framework (see appendix) that covers elements recommended in the HSO document that outlines the foundational components for the Virtual Health Service Design. The Framework includes a roadmap for phased planning and implementation over an 18 month period
- Review existing and continue to expand on current state assessments at KHSC and review of literature and best practices, continue work into Q4.
- Start the visioning of Virtual Care in Q3 and complete a Value Stream Map of the proposed future state by end of Q4.

Q4 (Jan – Mar):

- Complete the robust current state assessment at KHSC
- Complete a Value Stream Map of the proposed future state
- Formalize indicators (track progress where possible) and complete a gap analysis to identify where new data would need to be tracked in order to share back with KHSC to enhance ongoing engagement, performance monitoring, and continuous improvement.
- Complete the Framework (see appendix) that covers elements recommended in the HSO document that outlines the foundation for the Virtual Health Service Design. The Framework includes a roadmap for phased planning and implementation over an 18 month period

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

Q4 (Jan – Mar):

- Complete the robust current state assessment at KHSC
- Complete a Value Stream Map of the proposed future state
- Formalize indicators (track progress where possible) and complete a gap analysis to identify where new data would need to be tracked in order to share back with KHSC to enhance ongoing engagement, performance monitoring, and continuous improvement.
- Complete the Framework (see appendix) that covers elements recommended in the HSO document that outlines the foundation for the Virtual Health Service Design. The Framework includes a roadmap for phased planning and implementation over an 18 month period

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 Virtual Health Service Design tactical plan has slowed during the course of wave 3, a few team members have been temporarily seconded to support ramping-down plan in their primary clinical area.

The Q4 objectives including current state assessment, value stream map, and indicators for FY22 have all been completed.

The recommendations report with an implementation plan will be presented to the VH Steering Committee by mid-June.

Definition: ACCOUNTABILITY:
EVP - Carter/Fitzpatrick
MRP - Kardy Kennedy

TACTICS: Define and document KHSC's Virtual Health service design

REPORTING COMMITTEE: Patient Care & Quality Committee

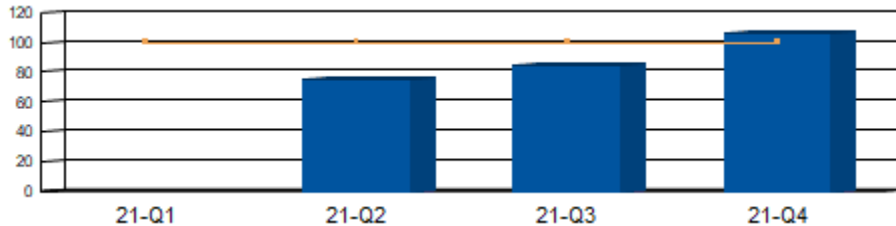
Target: Fiscal 2021 target: 100%
Corridors:
RED: No = 0
YELLOW: Blank = in progress
GREEN: Yes = 1

Q4 FY2021 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-Q1		100
21-Q2	75	100
21-Q3	84	100
21-Q4	106	100



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

Using incremental opportunities at HDH as well as adding extra service hour where staffing permits.

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

Overall, final month at 150% (106% without DI) with 4th quarter average at 120% (90% without DI). This is significant achievement with all teams working to reduce elective backlog. Opportunities for improvement still exist in some smaller sub groups such as shoulder arthroplasty and elective pediatric surgery.

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. Met targets for final quarter.

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

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

REPORTING COMMITTEE: Patient Care & Quality Committee

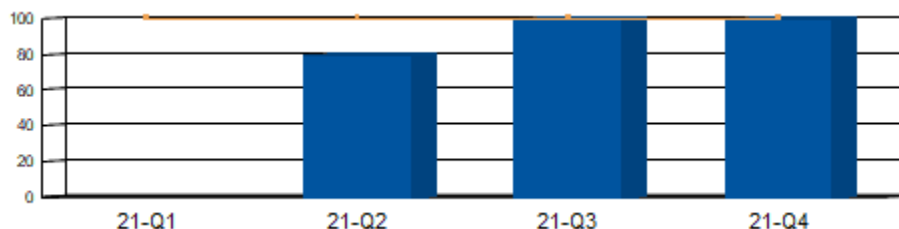
Target: Fiscal 2021 target: 100%
Corridors:
RED: < 60%
YELLOW: 60 - 79%
GREEN: >= 80%

Q4 FY2021 Strategy Performance Indicators Report

1. Ensure quality in every patient experience

a. Make quality the foundation of everything we do

Indicator: ROP Assessment completed & action plans completed for all ROPs with identified gaps



	Actual	Target
21-Q1		100
21-Q2	80	100
21-Q3	100	100
21-Q4	100	100

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

Accreditation Canada Required Organizational Practices (ROPs) represent critical to quality processes inclusive of governance, operational and clinical foci. ROPs are assessed by surveyors during on-site surveys and are a requirement to be fully accredited. In 2018 KHSC was surveyed by Accreditation Canada against approximately 3000 standards and 31 ROPs. In Spring 2022 KHSC will again be surveyed by Accreditation Canada using the same process noted above (to date there have been minor ROP technical changes). The expectation is that ROPs are built into operational excellence and are reflected upon regularly, particularly during operational changes such as program design and policy development. Since 2018 there has not been a formal assessment of ROP sustainability. In addition, COVID-19 related service delivery changes have impacted hospital operations and may have had an impact on ROP compliance. An Accreditation ROP assessment was undertaken to assess baseline compliance with the ROP tests for compliance to identify and prioritize improvement foci for fiscal year 21-22.

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 Q3 an assessment of 31 ROPs was undertaken via focus groups with staff and leadership as well as reviewing relevant data (i.e. SAFE reporting). The baseline assessment identified that 20 of the ROPs had tests of compliance that were not met. As part of the overall Accreditation 2022 plan MRPs were identified for each of the ROPs. In 21/22 FY Q1 ROP actions plans have been created to guide improvements over the next 12 months.

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

This project is on track to meet identified milestones.

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

TACTICS: Complete assessment of Required Organizational Practices & action plan to address gaps

REPORTING COMMITTEE: Patient Care & Quality Committee

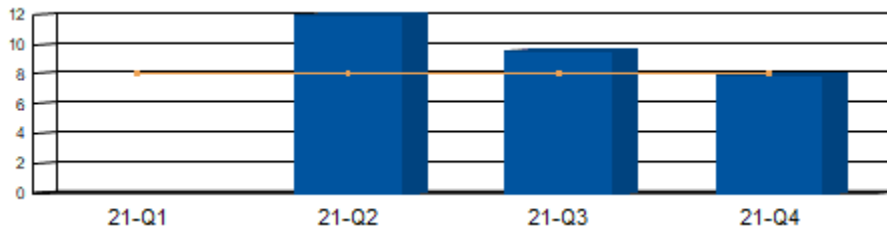
Target: Fiscal 2021 target: 100%
Corridors:
RED: < 65%
YELLOW: 65 - 89%
GREEN: >= 90%

Q4 FY2021 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-Q1		8
21-Q2	12.0	8
21-Q3	9.5	8
21-Q4	7.9	8

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

Implemented a variety of tactics including monthly prevalence review on high risk units, regular manager led huddles, enhanced education, unit scorecards etc.

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

Comprehensive semiannual assessment was completed on March 24th with outcome at 7.9%. While there is still work to be done in continuing this improvement trend, the team met its performance objective.

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. Met target

Definition: ACCOUNTABILITY:
EVP - Mike McDonald
MRP - Leanne Wakelin

TACTICS: As per F21 QIP work plan

REPORTING COMMITTEE: Patient Care & Quality Committee

Target: Fiscal 2021 target: <=8% at the Feb. 2021 Audit

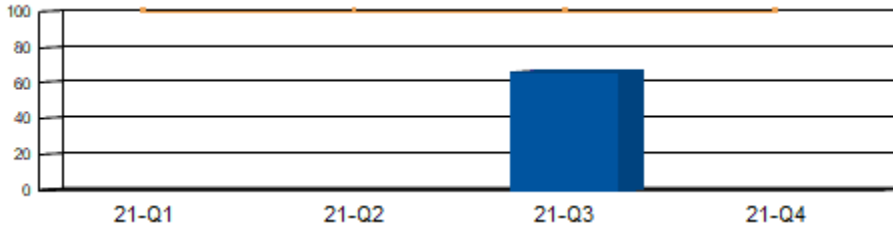
Corridors:
RED: >10%
YELLOW: >8% and <10%
GREEN: <=8%

Q4 FY2021 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-Q1		100
21-Q2		100
21-Q3	66	100
21-Q4		100

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

Assigned cost centers used to track the COVID incremental cost. Finance submit monthly COVID incremental cost to the LHIN and track and reconcile the payments received from the MOH.

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 received 100% reimbursement up to November 2020. This quarter submission is still pending.

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

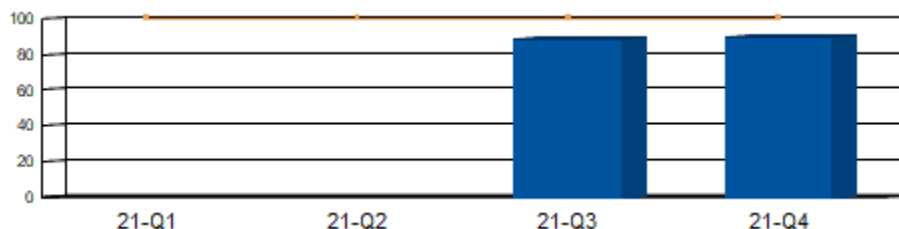
Target: Fiscal 2021 target: 100%
Corridors:
RED: <60%
YELLOW: >60% and <75%
GREEN: >75%

Q4 FY2021 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-Q1		100
21-Q2		100
21-Q3	89	100
21-Q4	90	100

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

Worked closely with the clinical teams and MOH and ensure all the MOH guidelines implemented and revenues recorded as per the MOH guidelines.

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

We are above target and achieved goals.

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 - 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

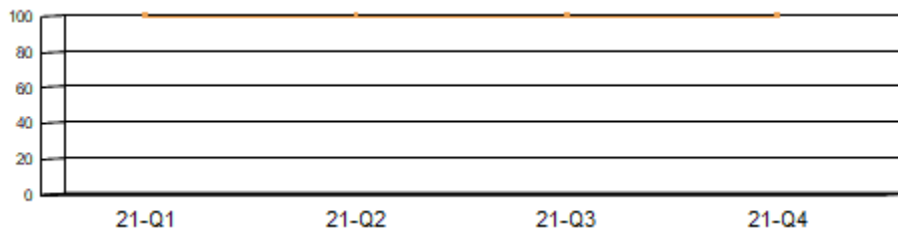
Target: Fiscal 2021 target: 100%
Corridors:
RED: <60%
YELLOW: >60% and <70%
GREEN: >70%

Q4 FY2021 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-Q1		100
21-Q2		100
21-Q3		100
21-Q4		100

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

Financial processes and planning in place to ensure KHSC balance the budget and met with HSAA/MSAA conditions.

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 time of preparation of this report, KHSC is going through an external audit and at this stage we are unable to share the financial details. But KHSC is going to balance at the end of the 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

Yes.

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

TACTICS: Operating expenses equal budget & funded activity

REPORTING COMMITTEE: People, Finance & Audit Committee

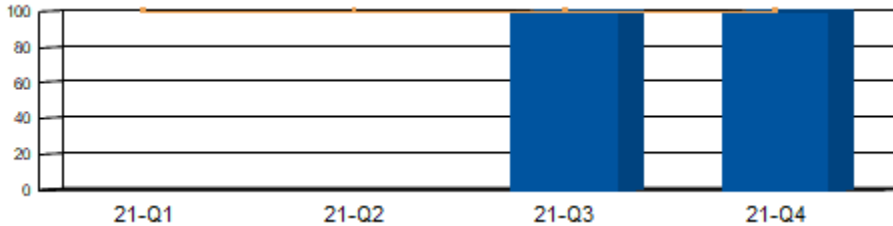
Target: Fiscal 2021 target: 100%
Corridors:
RED: <60%
YELLOW: >60% and <70%
GREEN: >70%

Q4 FY2021 Strategy Performance Indicators Report

1. Ensure quality in every patient experience

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

Indicator: IACP work teams include patient advisor(s)



	Actual	Target
21-Q1		100
21-Q2		100
21-Q3	100	100
21-Q4	100	100

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

Patient advisors were engaged in all work related to IACP indicators as planned in F21.

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

Advisors were included in working groups such as the virtual health working group, Virtual health service design, accreditation steering committee with plans to add advisors to ROP working groups, redevelopment (unit design and subject matter teams), workplace violence group, HIS Executive Committee, and OHT working groups. Advisors were full members of working groups to support advancement of our strategy and annual corporate plan for F21.

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

Fully on track

Definition: ACCOUNTABILITY:
EVP - Elizabeth Bardon
MRP - Elizabeth Bardon

TACTICS: As per work plans

REPORTING COMMITTEE: Patient Care & Quality Committee

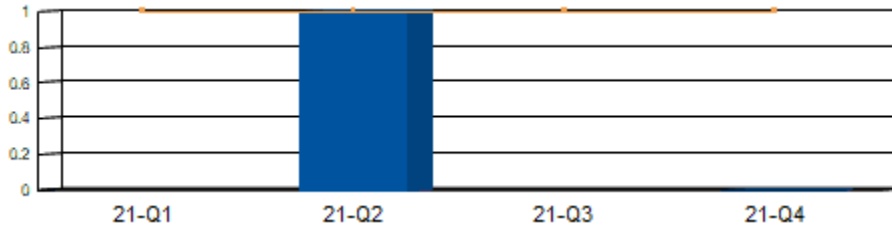
Target: Fiscal 2021 target: 100%
Corridors:
RED: < 65%
YELLOW: 65 - 89%
GREEN: >= 90%

Q4 FY2021 Strategy Performance Indicators Report

1. Ensure quality in every patient experience

c. Create the space for a better experience

Indicator: Begin PSOS Development; Issue request for qualifications



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

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

PSOS development began in August

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 was paused due to contractual concerns and the Planning, Design and Compliance consultants were terminated in late March.

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

No, a new Planning, Design and Compliance team is being hired to prepare the PSOS. The RFQ will now be released in Q3 of F22.

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

TACTICS: As per redevelopment project milestones

REPORTING COMMITTEE: People, Finance & Audit Committee

Target: Fiscal 2021 target: 100%

Corridors:

RED: No = 0

YELLOW: Blank = in progress

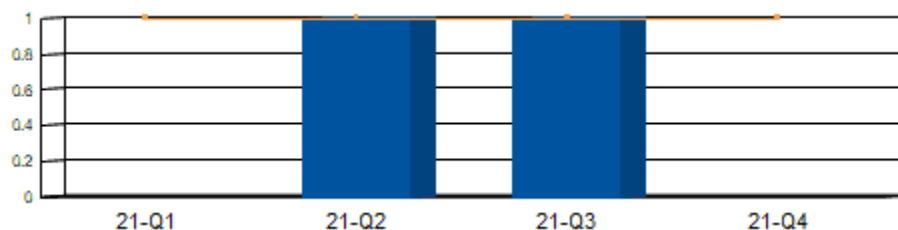
GREEN: Yes = 1

Q4 FY2021 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: Communication & education plans developed for top 3 sources of stress identified from survey data



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

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

Due to the sometimes stressful situations and environments that Healthcare workers are in there can be increased risks to psychological health and safety in the workplace. These include workload, engagement, balance, protection of physical safety, recognition, clear expectations, civility and respect, and psychological and social support which have been even more challenging since the COVID 19 pandemic. As there are greater strains to our healthcare system and other systems more broadly such as school closures, we need to protect our people resources to handle the additional burdens that the pandemic environment creates. The results of the survey regarding stress, resilience and moral distress were reviewed and despite a resilient workforce, highlights suggested the stress experienced was across all the groups both in and outside of the work environment. The strain on our health care workers can in turn compromise care delivery if staff are not available, supported or if effective organizational strategies are not in place to assist with the health and wellness of our healthcare workforce.

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

Q4 Tactic planned activities: Communication & education plans developed for top sources of stress identified from survey data. Conduct engagement survey for validation of support and to obtain new data in the feedback loop. Ask specific 'COVID related' questions in the survey. The virtual Wellness Wednesdays webinars for staff and leaders continued such as coping with stress and self-care strategies, mindfulness and managing remote teams. The Workplace Wellness Advisory Working Group also continued to meet to generate and synthesize ideas. A workplace wellness newsletter continued highlighting activities to promote health and well-being. The roving wellness cart was deployed to 10 different physical areas, with over 140 staff directly participating. There were also virtual cart presentations and elements of the cart such as wellness cards to additional areas. These cart opportunities were going to departments with frequently refreshed staff focused resources such as information on Nutrition/Month, supports and wellness kits. A blitz as the first day of spring took place at the doors of our sites to 'Sprinkle Some Joy' with donated individual coffee packets being given away with door greeters from the Directors and CEO. These recognition and appreciation opportunities are very much bringing 'joy' and welcomed by staff. The engagement survey for staff and physicians was scheduled for late January however it was postponed until spring. This will delay the feedback loop opportunity regarding COVID supports and communications, and will stretch our ECFAA requirement to the new fiscal 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 overall goal to develop strategies to address top stressors was completed, however, one tactic we are delayed in is the execution of the Employee Experience Survey (engagement). This was originally slated to roll out in January, however was pushed back until the spring. The current pandemic response activities may make it a challenge to garner a significant number of responses to the survey.

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

TACTICS: Respond to survey on staff stress, resilience, and moral distress in a time of pandemic by developing a corporate process to deliver individual workplace stress-reduction interventions.

REPORTING COMMITTEE: Patient Care & Quality Committee

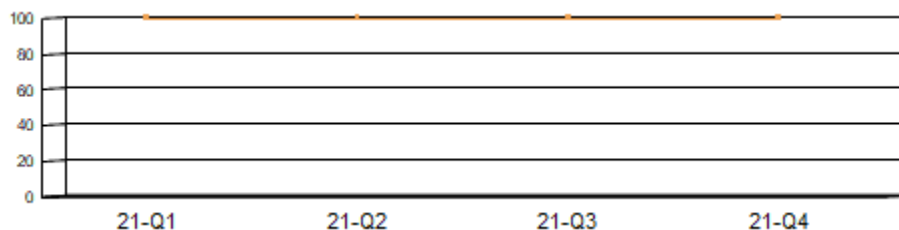
Target: Fiscal 2021 target: 100%
Corridors:
RED: No = 0
YELLOW: Blank = in progress
GREEN: Yes = 1

Q4 FY2021 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: Executive team members participate in the Leads competency-based framework retreat/ education day



	Actual	Target
21-Q1		100
21-Q2		100
21-Q3		100
21-Q4		100

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

Many health systems across Canada have adopted LEADS in a Caring Environment (LEADS) as their leadership capabilities framework which was designed for leadership development. It is a comprehensive set of aspirational capabilities that leaders could use to improve their practice. As a capability framework, LEADS offers reference points for leaders to reflect on their current practice, and to look forward, to adapt to change and to continuously improve their future performance. While a portion of this tactic was a focus on the LEADS framework the focus turned to strategies for growing our people and fostering leadership effectiveness. Positional leaders within an organization play a vital role in the healthy function of our organization so it is crucial that we ensure accountability across the spectrum of the KHSC leadership team starting at the highest level of leadership and cascading more broadly. Doing so will be an enabler to achieving our management responsibilities as well as to enable teams to achieve results against our strategic directions, even during difficult times.

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

Q4 Tactic plan activities: Executive team members participate in the Leads competency-based framework retreat/ education day (target: 100%); Integration of outputs into our leadership development program. The workshop and follow up discussions occurred with the Executive team over a two week time period in March. The Third Factor assisted us in setting the framework for skill development, understanding of what is a high performing organization, driving performance, and a method to get there. Further reflection, discussion occurred to align on specific behaviors, filling the gaps, the supports in the ecosystem that reinforce performance accountability and excellence and coaching. Q4 also saw further discussions regarding building a sustainable leadership pool, talent development opportunities and a succession framework. This work will continue into the next year including embedding the knowledge gained and rolling out the leadership development framework.

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, objective met. The design, development and execution of the retreat/education was completed in March. The focus on continuing the cascade and strategies to enable high performance will be embedded into the next year. The timeline for these plans will be variable in light of the current pandemic priorities.

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

TACTICS: Hold an executive retreat on the LEADS competency-based framework

REPORTING COMMITTEE: People, Finance & Audit Committee

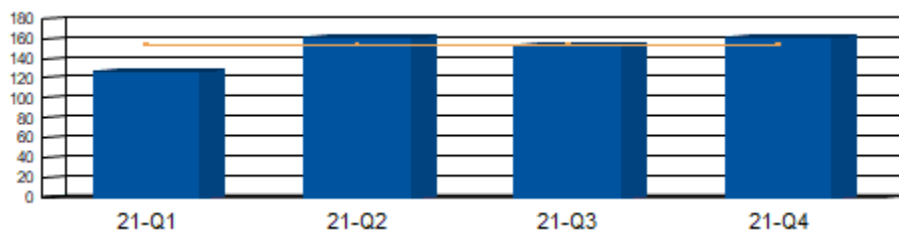
Target: Fiscal 2021 target: 100%
Corridors:
RED: < 65%
YELLOW: 65 - 89%
GREEN: >= 90%

Q4 FY2021 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-Q1	127	153
21-Q2	162	153
21-Q3	154	153
21-Q4	161	153

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

In Q4, a plan to develop a customized workplace violence training program for the Emergency and Mental Health (MH) Programs was approved by Executive. Discussions to integrate DASA (Dynamic Appraisal of Situational Aggression) Tool into BCAs was initiated in the MH Program. A Violence Risk Assessment was completed in the Urgent Care Centre (UCC), and NVCI training was initiated for UCC staff.

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

Of the 161 reported incidents in Q4, 152 occurred at the KGH site with 1 lost time injury occurring in a staff member in the MH program when she lost 4 days from work after being hit by the patient, and 9 occurred at the HDH site. As of year-end, a total of 621 incidents were reported, just above our goal of <612. In total for F20/21, 3 resulted in lost time, 5 required health care attention, and 5% (n=30) required first aid.

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

A number of initiatives will continue into the next year (were delayed due leadership changes in the MH program and COVID-19) in order to support continued reductions in incidents of violence but the COVID-19 third wave is delaying them. This includes, for example, strengthening the use of the Risk Reduction Plan (RRP) on Burr 4 which is also tied to DASA work the unit wants to undertake, trialing the RRP on a medicine unit to validate prior to roll out more broadly, and development of the customized training program by the interprofessional team for a tentative launch of no later than April 1 2022.

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

TACTICS: As per F21 QIP work plan

REPORTING COMMITTEE: People, Finance & Audit Committee

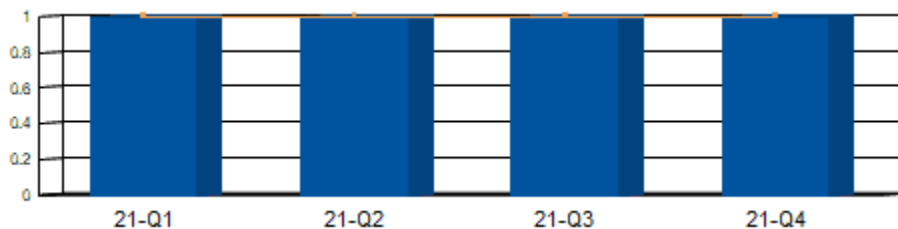
Target: Fiscal 2021 target: 153/ Qtr
Corridors:
RED: >161
YELLOW: 153-161
GREEN: <153

Q4 FY2021 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: HIS contract signed



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

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

The Regional Health Information System project is managing the negotiations process with the goal of signing a contract with the Preferred Proponent.

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) contract negotiations are now complete. Hospital boards across the region are reviewing board approval packages and are scheduled to make a decision regarding contract signing 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

The Regional HIS project is on schedule and budget.

Definition: ACCOUNTABILITY:
EVP - Troy Jones
MRP - Dino Lorrchio

TACTICS: As per HIS project milestones

REPORTING COMMITTEE: People, Finance & Audit Committee

Target: Fiscal 2021 target: 100%

Corridors:

RED: No = 0

YELLOW: Blank = in progress

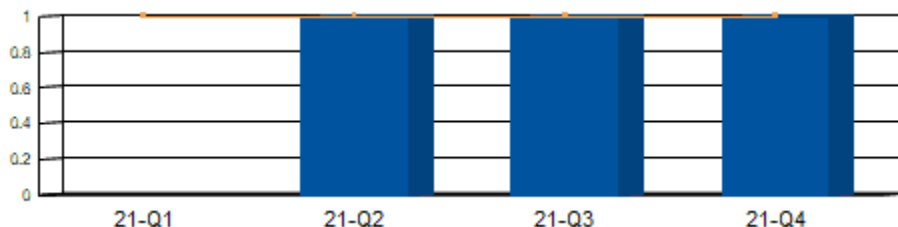
GREEN: Yes = 1

Q4 FY2021 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: OHT application submitted



	Actual	Target
21-Q1		1
21-Q2	1	1
21-Q3	1	1
21-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, 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 is part of an Ontario Health Team 'In Development' with health care partners throughout the counties of Frontenac, Lennox and Addington (FLA). A Progress Report on our work to form an OHT was submitted in January 2020 in partnership with organizations in the area that provide primary care, hospital care, home and community care, social services, mental health and addiction services, among other services. This work to become an Ontario Health Team builds on existing partnerships in the region, and we have been actively building on these collaborations so that our patients will be the beneficiaries of a stronger, more connected health care system as soon as possible. In July 2020, our OHT group was asked to submit a full application to become an OHT based on the progress we demonstrated in our January report to the ministry.

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 Q3, we were approved to become the FLA-OHT together with our partners across the system based on the application we submitted to MOH in Q2. Our application demonstrated that we have the right partners and plans in place to create a fully integrated health care system for the attributed population in FLA, 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. Throughout Q3 and Q4, we conducted extensive stakeholder engagement with all sectors represented in our OHT to socialize our model and structure, while soliciting participants for our year-1 working groups and supporting structures. As of Q4, 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.

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. Having submitted our full application to the ministry, we achieved the target for this fiscal year in Q2.

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

TACTICS: OHT application development

REPORTING COMMITTEE: Governance

Target: Fiscal 2021, target: 100%

Corridors:

RED: No = 0

YELLOW: Blank = in progress

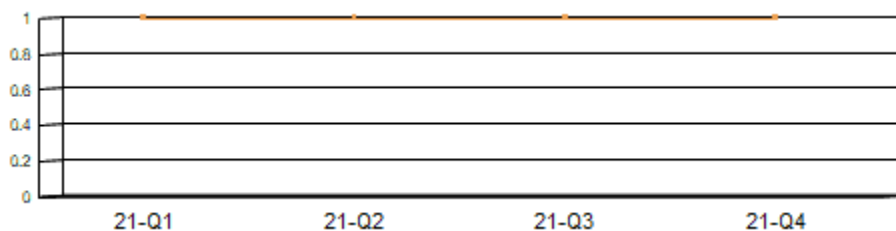
GREEN: Yes = 1

Q4 FY2021 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: Recommendations from learner experience survey delivered to executive team



	Actual	Target
21-Q1		1
21-Q2		1
21-Q3		1
21-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.

UGME (Medical Students) 2020 Survey is complete. PGME (Medical Resident), Nursing and Allied Health survey is planned to be distributed in Q1 of 2021 as they approach the end of the academic year. However, we are having to re-evaluate with our educational partners on delaying the timelines, in light of the third wave of the pandemic and the impact it has had on our learners; and a number of residents were redeployed and taking on extra work to support other areas of in the hospital that have seen an increase demand.

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 month in light of the pandemic, so we can review all survey results and use that information to develop recommendations and specific deliverables to support the learning environment for all students/learners.

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

TACTICS: Implement learner experience survey & act on recommendations

REPORTING COMMITTEE: Patient Care & Quality Committee

Target: Fiscal 2021 target: 100%

Corridors:

RED: No = 0

YELLOW: Blank = in progress

GREEN: Yes = 1

Q4 FY2021 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