

fiscal
2019-2020 **Q1**
1st quarter ended June 30, 2019

KHSC this quarter



Strategy Performance Report



Kingston Health
Sciences Centre

Centre des sciences de
la santé de Kingston

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Ensure quality in every patient experience

Outcome: Make quality the foundation of everything we do

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Modified Hospital Patient One-year Mortality Risk (mHOMR) implementation project meets quarterly milestones (QIP Based)	5
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Patient- and Family- Centred Care (PFCC) plan project meets quarterly milestones	8
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Outcome: Create the space for better care

Upon ministry, approval, phase 2 redevelopment project meets quarterly milestones	9
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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

Percent of Engagement plans completed	10
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Improve the health of our communities through partnership and innovation

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Q1 FY2020 Strategy Performance Indicators Report

Strategic Direction	2020 Goal	Indicator	19-Q1	19-Q2	19-Q3	19-Q4	20-Q1
Ensure quality in every patient experience	Make quality the foundation of everything we do	Data infrastructure project meets quarterly milestones	N/A	N/A	N/A	N/A	G
		ED wait time for inpatient bed per quarter (QIP Based)	N/A	N/A	N/A	N/A	R
		Modified Hospital Patient One-year Mortality Risk (mHOMR) implementation project meets quarterly milestones (QIP Based)	N/A	N/A	N/A	N/A	G
		Mobilization strategy project meets quarterly milestones (QIP Based)	N/A	N/A	N/A	N/A	G
		Generate surplus to support capital requirements	N/A	N/A	N/A	N/A	G
		Expenses not to exceed revenue	G	G	G	G	G
Lead the evolution of patient- and family-oriented care	Lead the evolution of patient- and family-oriented care	Patient- and Family- Centred Care (PFCC) plan project meets quarterly milestones	N/A	N/A	N/A	N/A	G
		Create the space for better care	Upon ministry, approval, phase 2 redevelopment project meets quarterly milestones	N/A	N/A	N/A	N/A
Nurture our passion for caring, leading, and learning	Foster a safe, health, innovative working environment that inspires and motivates the people who work, learn and volunteer at KHSC	Percent of Engagement plans completed	N/A	N/A	N/A	N/A	G
		Number of workplace violence incidents reported per twelve month period	N/A	N/A	N/A	N/A	G
Improve the health of our communities through partnership and innovation	Be a hospital beyond our walls that delivers complex, acute and specialty care where and when it is needed most	Health Information System (HIS) project meets quarterly milestones	N/A	N/A	N/A	N/A	G
		Integrated Care Delivery System (ICDS) tactics meet quarterly milestones	N/A	N/A	N/A	N/A	G
Launch KHSC as a leading centre for research and education	Foster a culture of teaching, learning, research and scholarship	Joint venture tactics meet quarterly milestones	N/A	N/A	N/A	N/A	Y

		Indicator	19-Q1	19-Q2	19-Q3	19-Q4	20-Q1
		Monitoring feedback from undergrad/ postgrad students about their placements at KHSC	N/A	N/A	N/A	N/A	N/A
Advisory committee development meets quarterly milestones	N/A	N/A	N/A	N/A	N/A	G	

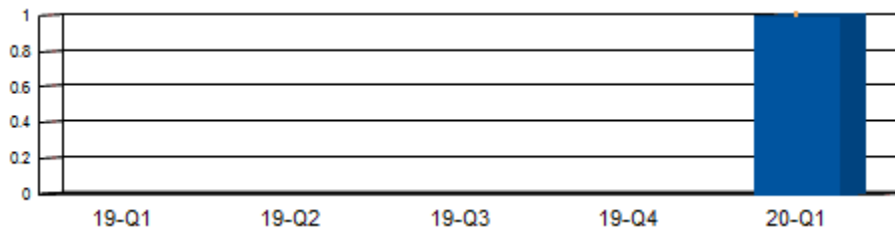
	SPR		SAA	
	F19		F19	
	Q1 %	Q1 #	Q1 %	Q1 #
R	13%	2	42%	29
G Y	87%	13	51%	35
N/A	0%	0	7%	5
		15		69

Q1 FY2020 Strategy Performance Indicators Report

Ensure quality in every patient experience

Make quality the foundation of everything we do

Indicator: Data infrastructure project meets quarterly milestones



	Actual	Target
19-Q1		
19-Q2		
19-Q3		
19-Q4		
20-Q1	1	1

Describe the tactics that were implemented in this quarter to address the achievement of the target:

We successfully put forward a request for services and shortlisted one potential service provider. In value based care physicians and clinical leadership require insights, frequent information and predictive analysis. In the absence of formal BI Tool and lack of data analytical structure. Decision Support team is restricted to provide timely information which is hurting business goals such as in Bundled Care and QBP.

Explain the current performance of the target. Where possible, translate statistics and numbers into plain language, focusing on the impact to patients and staff:

We are on target and Advance Data Analytics Business Case will be Sign-off from Exec by the end of this year. It will include the following;

1. Evaluate current organization maturity
2. Evaluate executives, directors and clinical team requirements
3. Comparison with the Market
4. Business case with cost estimate and road map

Are we on track to meet the target by year end? If not, what new tactics are planned to ensure the target is met?

Yes

Definition: DATA: Amit Bansal COMMENTS: Amit Bansal EVP: Troy Jones REPORT: Strategy Performance Report

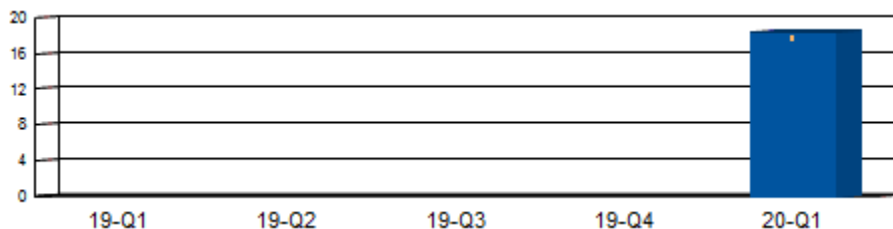
Target: Target 19/20: 100% , Red No, Yellow In progress, Green Yes

Q1 FY2020 Strategy Performance Indicators Report

Ensure quality in every patient experience

Make quality the foundation of everything we do

Indicator: ED wait time for inpatient bed per quarter (QIP Based)



	Actual	Target
19-Q1		
19-Q2		
19-Q3		
19-Q4		
20-Q1	18.3	17.6

Describe the tactics that were implemented in this quarter to address the achievement of the target:

We continue to work on flow through the ED, early initiation of care to identify admission requirements. Working with a Quality improvement team to identify tactics to further support decreasing time to bed.

Explain the current performance of the target. Where possible, translate statistics and numbers into plain language, focusing on the impact to patients and staff:

This indicator measures the time interval between the decisions to admit occurs and the time the Patient Left the Emergency Department (ED) for admission to an inpatient bed or operating room. This is a new indicator. This is measured in hours using the 90th percentile, which represents the maximum length of time that 90% of patients admitted from the ED wait for an inpatient bed or an operating room. The target was set as a 5% improvement from the previous Q1 time resulting in a target of 18.3 hours.

Are we on track to meet the target by year end? If not, what new tactics are planned to ensure the target is met?

With the volumes of admissions, ALC rates and hospital occupancy over 100% we have not meet the target. The availability of an inpatient bed is a major factor in this target. We have been working to develop quality improvement tactics to support wait time improvements. We continue to work with the home first team and community partners to developed strategies for identifying early and developed safe discharge plans for patients that have no discharge destination after arriving in the ED. Patients can occupy a ED space for extended periods while safe discharge destinations are found. With early identification and planning the tactic can free up space for others to be seen.

Definition: DATA: Decision Support - Dave Tuepah COMMENTS: Carol McIntosh EVP: Mike McDonald REPORT: Strategy Performance Report

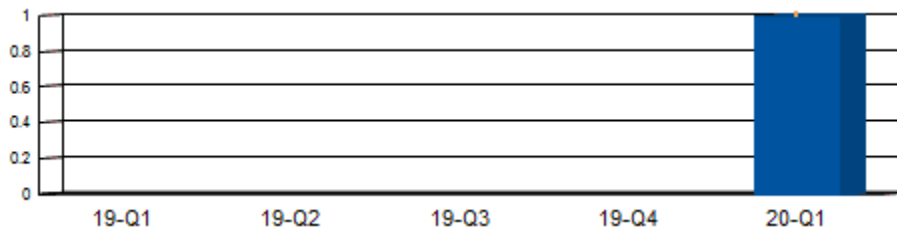
Target: Target 19/20: Q1: (17.6, Q2: 18.1, Q3: 27.5, Q4: 20.8) , Red (Q1: > 17.9, Q2: > 18.4, Q3: > 28, Q4: > 21.2), Yellow (Q1: 17.7 - 17.9, Q2: 18.2 - 18.4, Q3: 27.6 - 28 , Q4: 20.9 - 21.2), Green (Q1: <= 17.7, Q2: <= 18.2, Q3: <= 27.6, Q4: <= 20.9)

Q1 FY2020 Strategy Performance Indicators Report

Ensure quality in every patient experience

Make quality the foundation of everything we do

Indicator: Modified Hospital Patient One-year Mortality Risk (mHOMR) implementation project meets quarterly milestones (QIP Based)



	Actual	Target
19-Q1		
19-Q2		
19-Q3		
19-Q4		
20-Q1	1	1

Describe the tactics that were implemented in this quarter to address the achievement of the target:

Offering patients a palliative approach to care earlier in their journey - and at critical junctures along the way (for instance, during a hospitalization) - gives the patient and their care network the ability to clarify and update their values and wishes. In turn, this enables care providers to inform, plan, monitor, and evaluate that the care provided during their hospitalization is consistent with patients' wishes, and ultimately improve the quality and timeliness of care.

This year we are introducing a validated tool within an automated electronic platform to enable real-time identification of patients who, at the time of admission, have an elevated risk of dying within the next twelve months. Simultaneously, a core care team (along with patient advisors) will develop a prototype for the consistent approach to care. Finally, a training schedule will be developed that will ensure care providers (physicians, nurses, and allied health as required) can confidently care out the care protocol.

In Q1 we:

1. Reviewed OPCN-endorsed early ID tools and selected a tool validated for use in the acute care setting (mHOMR)
2. Reviewed, analyzed and selected an electronic platform- SHIIP- to embed mHOMR.
3. Defined scope and business requirements for SHIIP development team to begin to build the mHOMR algorithm.
4. Collected baseline data and calculated retrospective mHOMR scores on a specific cohort of individuals
5. Determined and documented the internal process flow of information up to and including notification of the mHOMR score to the care provider
6. Scoped QI initiative to admitting services of internal medicine units C and D

Explain the current performance of the target. Where possible, translate statistics and numbers into plain language, focusing on the impact to patients and staff:

During Q1, the Early Identification of Palliative Care team participated in focused coaching sessions, collected baseline data, met bi-weekly to define processes, performed diagnostics and planned the phases of approach for this multi-year project, ultimately, implementing our Q1 milestones for this tactic. As the mHOMR algorithm is not in place at KHSC, in order to derive baseline data for the QIP we used demographic information (age, sex, living status) and routinely collected inpatient and outpatient data (previous number of ED visits, admitting service, admission urgency, previous number of inpatient admissions) found in our local Discharge Abstract Database (DAD), and National Ambulatory Care Reporting System (NACRS) databases respectively. These data were then used to retrospectively calculate mHOMR scores on a subset of admissions to KHSC in FY 2018-2019, and the scores will be used to determine our mHOMR score threshold for identifying the patients with an elevated risk of dying in the next 12 months that can be handled by our hospital's available clinical resources; ideally we would want the threshold set so that about 10% of admissions would be flagged. Going forward we will be retrospectively calculating mHOMR scores on a monthly basis for admissions occurring in the previous month in order to have more robust baseline data prior to implementing the mHOMR algorithm.

Are we on track to meet the target by year end? If not, what new tactics are planned to ensure the target is met?

Yes, we are on track to deliver on all our planned milestones by the end of Q4

Definition: DATA: Decision Support - Jessie Donelle COMMENTS: Lori Van Manen EVP: Brenda Carter REPORT: Strategy Performance Report

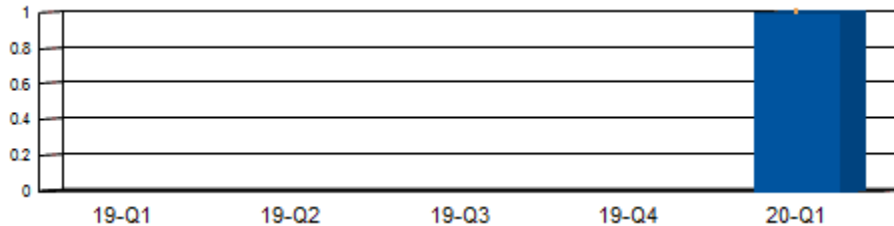
Target: Target 19/20: 100% , Red No, Yellow In progress, Green Yes

Q1 FY2020 Strategy Performance Indicators Report

Ensure quality in every patient experience

Make quality the foundation of everything we do

Indicator: Mobilization strategy project meets quarterly milestones (QIP Based)



	Actual	Target
19-Q1		
19-Q2		
19-Q3		
19-Q4		
20-Q1	1	1

Describe the tactics that were implemented in this quarter to address the achievement of the target:

This strategy is about reducing patient to ALC status; reducing ALC conversion. While early mobilization is among the best practices to reduce this conversion, reasons for conversion are multifactorial. This quarter we undertook a QI process to look at our current state of identification of those patients and the potential causes of conversion that we can control. We looked at current state of the tools and management of those patients at risk of ALC conversion. Where possible we looked for data to support or refute our assumptions and bias. This QI approach has enabled us to look very deeply at the issue and what our response to those issues should be. This enables a patient focused approach to reducing the patient conversion to ALC.

Explain the current performance of the target. Where possible, translate statistics and numbers into plain language, focusing on the impact to patients and staff:

To achieve this goal we have completed diagnostics to understand root cause of ALC conversion and worked with coaching to improve our approach to quality improvement and strengthen the team. This has met our Q1 goals.

Are we on track to meet the target by year end? If not, what new tactics are planned to ensure the target is met?

We are on target to meet our objectives by year end.

Definition: DATA: Decision Support - David Barber COMMENTS: Leanne Wakelin EVP: Mike McDonald REPORT: Strategy Performance Report

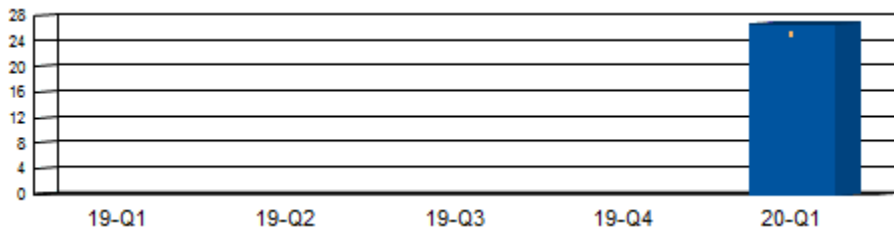
Target: Target 19/20: 100% , Red No, Yellow In progress, Green Yes

Q1 FY2020 Strategy Performance Indicators Report

Ensure quality in every patient experience

Make quality the foundation of everything we do

Indicator: Generate surplus to support capital requirements



	Actual	Target
19-Q1		
19-Q2		
19-Q3		
19-Q4		
20-Q1	26.6	25

Describe the tactics that were implemented in this quarter to address the achievement of the target:

Capital Planning Committee TOR reviewed and approved by the executive team and Capital Committee will be established to ensure that the KHSC capital requirements are met.

Explain the current performance of the target. Where possible, translate statistics and numbers into plain language, focusing on the impact to patients and staff:

We have maximized the use of the UHKF funds to increase the KHSC ability to meet its capital requirements.

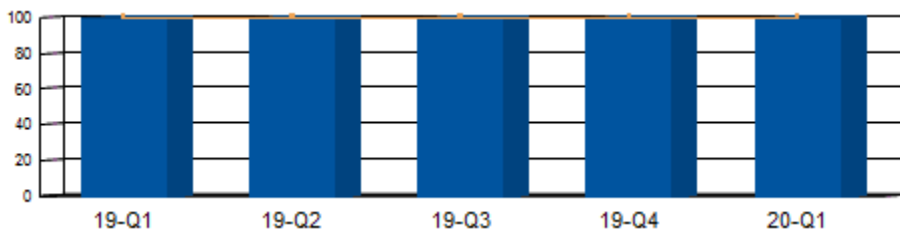
Are we on track to meet the target by year end? If not, what new tactics are planned to ensure the target is met?

Yes, the expected capital capacity will be around \$26.6M by the end of the year.

Definition: DATA: Amit Bansal COMMENTS: Amit Bansal EVP: Amit Bansal REPORT: Strategy Performance Report

Target: Target 19/20: 25M , Red < \$ 15M, Yellow \$15 - 20M, Green \$20 - 25M

Indicator: Expenses not to exceed revenue



	Actual	Target
19-Q1	100	100
19-Q2	100	100
19-Q3	100	100
19-Q4	100	100
20-Q1	100	100

Describe the tactics that were implemented in this quarter to address the achievement of the target:

Management undertook to ensure that staffing and operating expenses incurred were within the updated budgeted allocation.

Explain the current performance of the target. Where possible, translate statistics and numbers into plain language, focusing on the impact to patients and staff:

Taking into consideration the increased funding for this year, the programs under the MSAA are operating in a balanced budget position.

Are we on track to meet the target by year end? If not, what new tactics are planned to ensure the target is met?

Yes

Definition: DATA: Amit Bansal COMMENTS: Amit Bansal EVP: Amit Bansal REPORT: Strategy Performance Report

Plan for and achieve an Annual Balanced Budget for Multi-sector Service Accountability Agreement (MSAA) programs.

Target: Target 19/20: TBD Red TBD Yellow TBD Green TBD

Prior Targets:

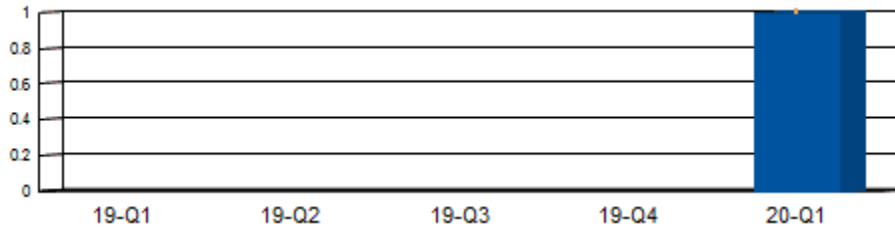
Target 18/19: 100% Red <90% Yellow 90% - 99% Green 100%

Q1 FY2020 Strategy Performance Indicators Report

Ensure quality in every patient experience

Lead the evolution of patient- and family-oriented care

Indicator: Patient- and Family- Centred Care (PFCC) plan project meets quarterly milestones



	Actual	Target
19-Q1		
19-Q2		
19-Q3		
19-Q4		
20-Q1	1	1

Describe the tactics that were implemented in this quarter to address the achievement of the target:

Two streams of work were underway in Q1: Internal stream included recruiting a new PFCC Lead for KHSC to replace an individual who was retiring at end of Q1. Recruitment efforts were successful. External stream included engaging patients as part of the process to make an initial SEON OHT submission, which was also completed.

Explain the current performance of the target. Where possible, translate statistics and numbers into plain language, focusing on the impact to patients and staff:

Internal stream: A new PFCC lead was successfully recruited in Q1 and began in her role on June 17th to allow for 2 weeks of overlap prior to a scheduled retirement of the current Lead. During Q1, the new PFCC Lead began structured orientation to her role and to KHSC. She also attended her first PFAC meeting in her new role. External stream: A Southeastern Ontario OHT initial submission went in to ON Health in Q1. The work leading up to this submission included extensive patient and partner engagement. Presentations were also made to the KHSC PFAC about the OHT process and goals in Q1.

Are we on track to meet the target by year end? If not, what new tactics are planned to ensure the target is met?

We are on track. In Q2, specific milestones will be identified and a work plan developed for the remainder of the fiscal year that will move us forward on this initiative and that will align with our 5 year strategy and OHT process.

Definition: DATA: Elizabeth Bardon COMMENTS: Elizabeth Bardon EVP: Elizabeth Bardon REPORT: Strategy Performance Report

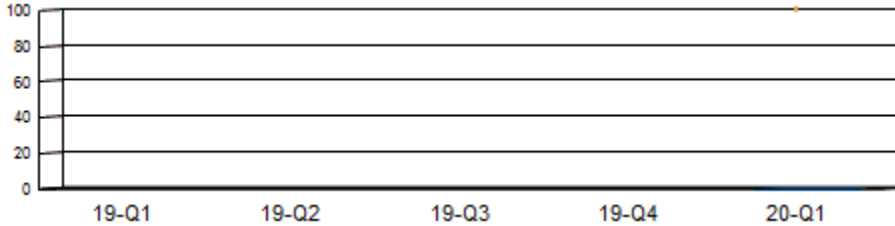
Target: Target 19/20: 100% , Red No, Yellow In progress, Green Yes

Q1 FY2020 Strategy Performance Indicators Report

Ensure quality in every patient experience

Create the space for better care

Indicator: Upon ministry, approval, phase 2 redevelopment project meets quarterly milestones



	Actual	Target
19-Q1		
19-Q2		
19-Q3		
19-Q4		
20-Q1	0	100

Describe the tactics that were implemented in this quarter to address the achievement of the target:

Discussions continued with Infrastructure Ontario to finalize content of the MOU.

Explain the current performance of the target. Where possible, translate statistics and numbers into plain language, focusing on the impact to patients and staff:

The MOU language was finalized with IO in Q1 however the project implementation dates contained in the MOU were subject to a provincial project staging review, which was completed in June.

Are we on track to meet the target by year end? If not, what new tactics are planned to ensure the target is met?

It is anticipated that the MOU will be executed in Q2.

Definition: DATA: Krista Wells Pearce COMMENTS: Krista Wells Pearce EVP: Krista Wells Pearce REPORT: Strategy Performance Report

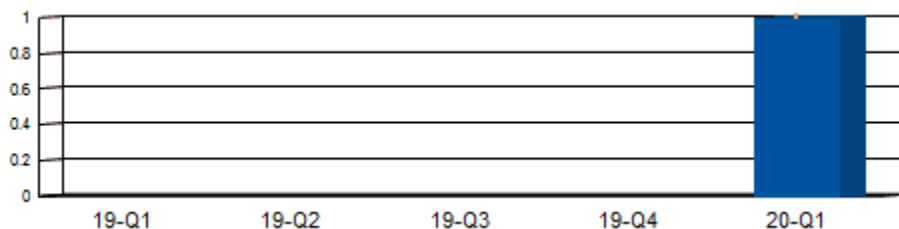
Target: Target 19/20: 100% , Red < 65%, Yellow 65 - 89%, Green >= 90%

Q1 FY2020 Strategy Performance Indicators Report

Nurture our passion for caring, leading, and learning

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

Indicator: Percent of Engagement plans completed



	Actual	Target
19-Q1		
19-Q2		
19-Q3		
19-Q4		
20-Q1	1	1

Describe the tactics that were implemented in this quarter to address the achievement of the target:

The focus for the first quarter was to obtain, and review staff and physician experience survey results from the survey conducted in February March. Based on those results, the next steps included creating the roll out plan and determining the best approach to cascade the results. The tactic plan was also solidified which was a carryover from the prior year. Q2 will incorporate the communication and roll out of the corporate and team results alongside beginning team level conversations. Also completed in the quarter was promotion of completing the Performance Development Plan/Agreements which enhances individual engagement.

Explain the current performance of the target. Where possible, translate statistics and numbers into plain language, focusing on the impact to patients and staff:

Engagement is a key driver of organizational performance. Research tells us that 72% of the employees who understood the rationale behind most of the business decisions made by senior management were engaged as an example. Having good communication and plans at the team level will improve the employee experience. Given the amount of change experienced post integration, healthcare challenges with volumes, increasing complexity, limitations and rising expectations, having engaged staff is critical to improving patient experience, productivity and outcomes. Results from the recent employee Experience Survey demonstrated that we are not where we want to be as an organization and there are specific areas for improvement to be addressed.

Are we on track to meet the target by year end? If not, what new tactics are planned to ensure the target is met?

On track.

Definition: DATA: Micki Mulima COMMENTS: Micki Mulima EVP: Sandra Carlton REPORT: Strategy Performance Report

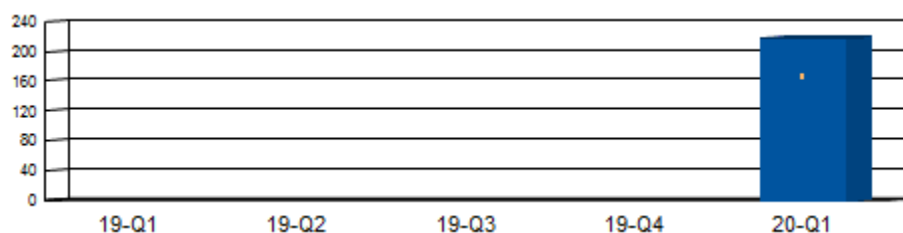
Target: Target 19/20: 80%, Red < 55%, Yellow 55 - 79%, Green >= 80%

Q1 FY2020 Strategy Performance Indicators Report

Nurture our passion for caring, leading, and learning

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

Indicator: Number of workplace violence incidents reported per twelve month period



	Actual	Target
19-Q1		
19-Q2		
19-Q3		
19-Q4		
20-Q1	219	165

Describe the tactics that were implemented in this quarter to address the achievement of the target:

As one of the organization's four Quality Improvement/QIP initiatives this year, a project team was formed, project charter developed, and a number of meetings with the group have been undertaken to understand the issues related to workplace violence and develop change ideas.

Explain the current performance of the target. Where possible, translate statistics and numbers into plain language, focusing on the impact to patients and staff:

Of the 162 incidents of violence or threat of violence, 219 staff and affiliates were affected/involved; of these, 189 were employees and 30 were affiliates. In total, 80% reported no injuries and 20% (n=44) reported being injured. Of those employees and affiliates reporting an injury, 5 reported needing first aid, 2 sought health care treatment, and 3 incurred lost time from work.

Are we on track to meet the target by year end? If not, what new tactics are planned to ensure the target is met?

Yes, a project timeline has now been developed to support the indicator; some key deliverables will include an organization wide awareness campaign and the trial of a revised risk reduction on an inpatient mental health and medicine unit that will better support staff in identifying triggers and strategies for managing violence and responsive behaviour.

Definition: DATA: Joanna Noonan COMMENTS: Joanna Noonan EVP: Sandra Carlton REPORT: Strategy Performance Report

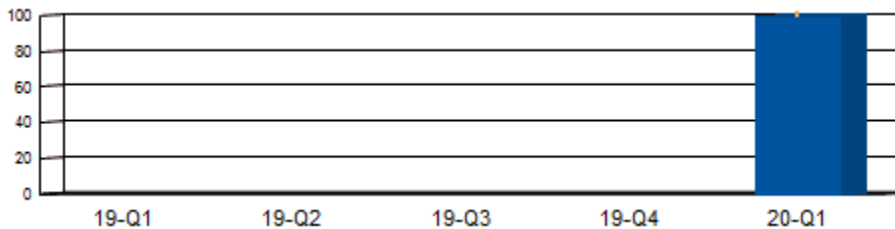
Target: Target 19/20: 165 incidents, Red < 107 incidents, Yellow 107 - 148 incidents, Green >= 149 incidents

Q1 FY2020 Strategy Performance Indicators Report

Improve the health of our communities through partnership and innovation

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

Indicator: Health Information System (HIS) project meets quarterly milestones



	Actual	Target
19-Q1		
19-Q2		
19-Q3		
19-Q4		
20-Q1	100	100

Describe the tactics that were implemented in this quarter to address the achievement of the target:

The second stage of the HIS RFP evaluation is complete and vendors will be contacted to confirm whether they were selected to participate in subsequent stages of the evaluation. Planning for the next stage is complete and evaluators have been selected. Final results of the evaluation and selection of the preferred vendor is expected to take place in the Fall followed by negotiations and contract signing.

Explain the current performance of the target. Where possible, translate statistics and numbers into plain language, focusing on the impact to patients and staff:

The project is currently on track based on schedule, scope and budget.

Are we on track to meet the target by year end? If not, what new tactics are planned to ensure the target is met?

We are on track to meet the target of selecting a preferred vendor by year end.

Definition: DATA: Dino Loricchio COMMENTS: Dino Loricchio EVP: Troy Jones REPORT: Strategy Performance Report

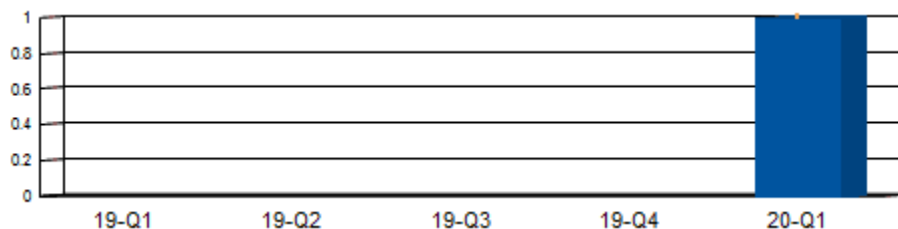
Target: Target 19/20: 100%, Red No, Yellow In progress, Green Yes

Q1 FY2020 Strategy Performance Indicators Report

Improve the health of our communities through partnership and innovation

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

Indicator: Integrated Care Delivery System (ICDS) tactics meet quarterly milestones



	Actual	Target
19-Q1		
19-Q2		
19-Q3		
19-Q4		
20-Q1	1	1

Describe the tactics that were implemented in this quarter to address the achievement of the target:

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. In Q1, Kingston Health Sciences Centre participated in an Ontario Health Team self-assessment that involved over 60 health care partners throughout southeastern Ontario. The application was submitted in partnership with organizations in the area that provide hospital care, home and community care, social services, mental health and addiction services, and primary care, among other services. This work to become an Ontario Health Team builds on existing partnerships in the region, and we look forward to building on these collaborations so that our patients will be the beneficiaries of a stronger, more connected health care system as soon as possible.

Explain the current performance of the target. Where possible, translate statistics and numbers into plain language, focusing on the impact to patients and staff:

Our planned Q1 milestone was to lead the development of a self-assessment application to create an Ontario Health Team in our region and this was completed and submitted to the Ministry of Health as of May 15, 2019. Our OHT has been assessed by the Ministry as "In Development". The Ministry defines these teams as ones that have partners who represent a continuum of care, are committed to the model, and with a bit more work will be well positioned to complete the full application. We are expecting further data and next steps from the Ministry in September and are continuing to work with our partners to ready ourselves to submit the full application to become an Ontario Health Team.

Are we on track to meet the target by year end? If not, what new tactics are planned to ensure the target is met?

We are on track to meet the target by year end.

Definition: DATA: TBD COMMENTS: Theresa Macbeth EVP: David Pichora REPORT: Strategy Performance Report

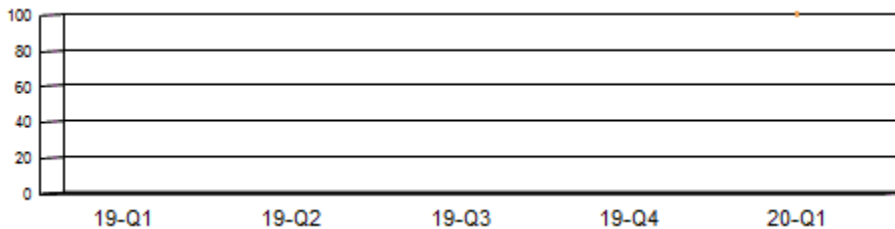
Target: Target 19/20: 100%, Red < 65%, Yellow 65 - 89%, Green >= 90%

Q1 FY2020 Strategy Performance Indicators Report

Launch KHSC as a leading centre for research and education

Foster a culture of teaching, learning, research and scholarship

Indicator: Joint venture tactics meet quarterly milestones



	Actual	Target
19-Q1		
19-Q2		
19-Q3		
19-Q4		
20-Q1		100

Describe the tactics that were implemented in this quarter to address the achievement of the target:

Tactic planning and quarterly reporting for research indicator on temporary hold until the partners have an opportunity to discuss and agree on appropriate tactics, milestones and deliverables.

Explain the current performance of the target. Where possible, translate statistics and numbers into plain language, focusing on the impact to patients and staff:

Not available at this time.

Are we on track to meet the target by year end? If not, what new tactics are planned to ensure the target is met?

Tactic planning and quarterly reporting for research indicator on temporary hold until the partners have an opportunity to discuss and agree on appropriate tactics, milestones and deliverables. May be able to define some tactics, milestones and deliverables in Q2/Q3.

Definition: DATA: Veronica Harris-McAllister COMMENTS: Veronica Harris-McAllister EVP: Steve Smith REPORT: Strategy Performance Report

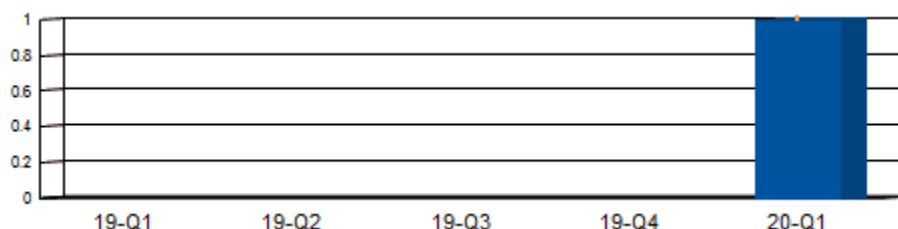
Target: Target 19/20: 100% , Red No, Yellow In progress, Green Yes

Q1 FY2020 Strategy Performance Indicators Report

Launch KHSC as a leading centre for research and education

Foster a culture of teaching, learning, research and scholarship

Indicator: Monitoring feedback from undergrad/ postgrad students about their placements at KHSC



	Actual	Target
19-Q1		
19-Q2		
19-Q3		
19-Q4		
20-Q1	1	1

Describe the tactics that were implemented in this quarter to address the achievement of the target:

Each year, Kingston Health Sciences Centre welcomes more than 2,000 health-care learners which includes medical student, 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 need to engage them for their feedback and recommendations regarding opportunities for enhancements in their overall educational experience while they continue to provide supervised quality care to our patients.

Working in partnership with Queen's University and other affiliated Universities/Colleges, Medical Affairs and Professional Practice portfolios will be initiating learning environment survey that will be distributed to our learners at the end of the educational year.

Explain the current performance of the target. Where possible, translate statistics and numbers into plain language, focusing on the impact to patients and staff:

We have developed a draft survey that will now be reviewed with our educational partners for distribution to our learners that will assist in developing an Education Strategy at KHSC.

Are we on track to meet the target by year end? If not, what new tactics are planned to ensure the target is met?

We are currently on track with the implementation of the next phase of surveying our learners, focusing on obtaining feedback in order to develop recommendation on enhancing the learning environment.

Definition: DATA: Chris Gillies COMMENTS: Chris Gillies EVP: Mike Fitzpatrick REPORT: Strategy Performance Report

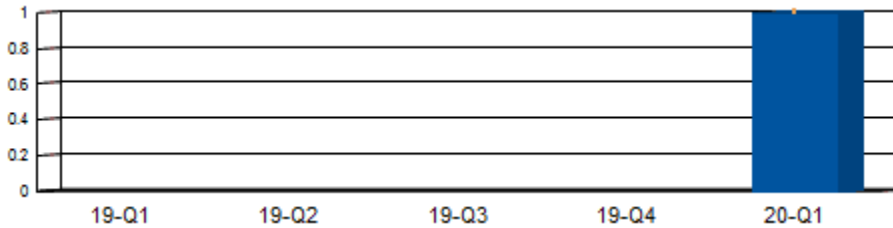
Target: Target 19/20: 100%, Red TBD, Yellow TBD, Green TBD

Q1 FY2020 Strategy Performance Indicators Report

Launch KHSC as a leading centre for research and education

Foster a culture of teaching, learning, research and scholarship

Indicator: Advisory committee development meets quarterly milestones



	Actual	Target
19-Q1		
19-Q2		
19-Q3		
19-Q4		
20-Q1	1	1

Describe the tactics that were implemented in this quarter to address the achievement of the target:

In Q1, the Physician Advisory Committee had a first meeting of the newly created committee. In addition, the UHKF CEO has had engagement with the PC/KHSC Chiefs of Staff to draft a terms of reference for the committee. Engagement is planned with the UHKF CEO and the PC/KHSC CEO's. There is a committee meeting scheduled for September.

Explain the current performance of the target. Where possible, translate statistics and numbers into plain language, focusing on the impact to patients and staff:

Current performance is on track.

Are we on track to meet the target by year end? If not, what new tactics are planned to ensure the target is met?

We are on track to meet the target by year end.

Definition: DATA: Steve Miller COMMENTS: Steve Miller EVP:Tom Zsolnay REPORT: Strategy Performance Report

Target: Target 19/20: 100% , Red No, Yellow In progress, Green Yes

Q1 FY2020 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