

fiscal  
2023-2024 **Q1**  
1st quarter ended June 30, 2023

# KHSC **this** **quarter**



## Strategy Performance Report



Kingston Health  
Sciences Centre

Centre des sciences de  
la santé de Kingston



# KHSC Strategy Performance Report Fiscal 2024

	<u>Page</u>
<b>Strategy Performance Indicator Status Summary</b>	<b>1</b>
<b>Strategic Direction 1</b>	
<b>Ensure quality in every patient experience</b>	
<b>Outcome: Make quality the foundation of everything we do</b>	
Number of prioritized critical to quality standards with established corporate targets on program scorecards	<b>3</b>
Compass contract signed	<b>4</b>
Achieve pre-COVID position by March 31	<b>5</b>
KHSC delivers 4% deficit for F2324 and financial strategy to ensure we benchmark as a high performer amongst peer hospitals	<b>6</b>
Build a capital strategy to support the increase in Lumeo cost	<b>7</b>
Update LUMEO local Total Cost of Ownership	<b>8</b>
<b>Outcome: Lead the evolution of patient- and family-oriented care</b>	
Presentations at 12 programs, board committees (4 to reflect DEI)	<b>9</b>
<b>Outcome: Create the space for better care</b>	
Updated Stage One Proposal complete Y/N	<b>10</b>
<b>Strategic Direction 2</b>	
<b>Nurture our passion for caring, leading, and learning</b>	
<b>Outcome: Foster a safe, health, innovative working environment that inspires and motivates the people who work, learn and volunteer at KHSC</b>	
Percentage of leaders completed inclusion training.	<b>11</b>
Number of leadership roles filled with internal candidates	<b>12</b>
<b>Strategic Direction 3</b>	
<b>Improve the health of our communities through partnership and innovation</b>	
<b>Outcome: Be a hospital beyond our walls that delivers complex, acute and specialty care where and when it is needed most</b>	
Lumeo ready for KHSC May 2024 Go-Live	<b>13</b>
KHSC participates in Ministry-directed OHT initiatives Y/N	<b>14</b>
<b>Strategic Direction 4</b>	
<b>Launch KHSC as a leading centre for research and education</b>	
<b>Outcome: Foster a culture of teaching, learning, research and scholarship</b>	
Percentage of Research Institute meetings completed with: A: clinical units B: Ambulatory, Critical Care, and Medicine nursing groups, and C: Nurse Practitioner group.	<b>15</b>
Student placements continue and all KHSC learners who go on to use Lumeo complete the required training/education	<b>16</b>
<b>Indicator Status Legend</b>	<b>17</b>

## Q1 FY2024 Strategy Performance Indicators Report

Strategic Direction	Goal	Indicator	23-Q1	23-Q2	23-Q3	23-Q4	24-Q1
1. Ensure quality in every patient experience	a. Make quality the foundation of everything we do	Number of prioritized critical to quality standards with established corporate targets on program scorecards	N/A	N/A	N/A	N/A	R
		Compass contract signed	N/A	N/A	N/A	N/A	G
		Achieve pre-COVID position by March 31	G	G	G	G	G
		KHSC delivers 4% deficit for F2024 and financial strategy to ensure we benchmark as a high performer amongst peer hospitals	N/A	N/A	N/A	N/A	G
	b. Lead evolution of patient- and family- centred care	Build a capital strategy to support the increase in Lumeo cost	N/A	N/A	N/A	N/A	Y
		Update LUMEO local Total Cost of Ownership	N/A	N/A	N/A	N/A	Y
2. Nurture our passion for caring, leading and learning	c. Create the space for a better experience	Presentations at 12 programs, board committees (4 to reflect DEI)	N/A	N/A	N/A	N/A	G
		Updated Stage One Proposal Complete Y/N	N/A	N/A	N/A	N/A	G
	a. Foster a safe, healthy, innovative working environment that inspires and motivates the people who work, learn and volunteer at KHSC	Percentage of leaders completed inclusion training	N/A	N/A	N/A	N/A	G
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	Number of leadership roles filled with internal candidates	N/A	N/A	N/A	N/A	G
		Lumeo ready for KHSC May 2024 Go-Live	N/A	N/A	N/A	N/A	R
4. Launch KHSC as a leading centre for research and education	a. Foster a culture of teaching, learning, research and scholarship	KHSC participates in Ministry-directed OHT initiatives Y/N	N/A	N/A	N/A	N/A	G
		Percentage of Research Institute meetings completed with: A: clinical units B: Ambulatory, Critical Care, and Medicine nursing groups, and C: Nurse Practitioner group	N/A	N/A	N/A	N/A	R

		Indicator	23-Q1	23-Q2	23-Q3	23-Q4	24-Q1
		Student placements continue and all KHSC learners who go on to use Lumeo complete the required training/education	N/A	N/A	N/A	G	G

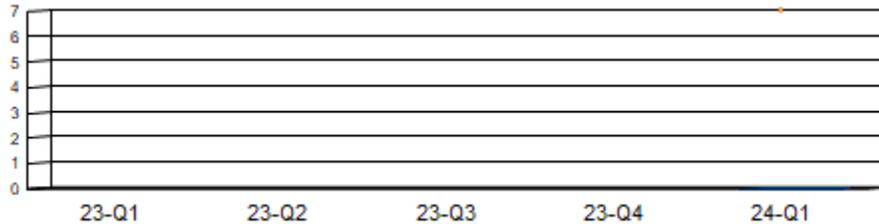
	SPR		SAA	
	F21		F21	
	Q1 %	Q1 #	Q1 %	Q1 #
R	21%	3	49%	33
G Y	79%	11	32%	22
N/A	0%	0	19%	13
		14		68

## Q1 FY2024 Strategy Performance Indicators Report

### 1. Ensure quality in every patient experience

#### a. Make quality the foundation of everything we do

**Indicator: Number of prioritized critical to quality standards with established corporate targets on program scorecards**



	Actual	Target
23-Q1		
23-Q2		
23-Q3		
23-Q4		
24-Q1	0	7

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

Over the last three fiscal years the quality objective on the ACP has focused on identifying critical to quality standards, ensuring compliance and creating measurement and monitoring strategies. To build on previous success, the FY24 ACP will focus on setting corporate targets for the adopted Critical to Quality standards and enhancing leader understanding of the measures and corporate monitoring tools/processes as well as data literacy.

#### 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 Q1 a tactic plan was created and endorsed by the Interprofessional Quality & Patient Safety Committee. Target discussions with key stakeholders and MRPs are underway.

#### 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:** EVP - Brenda Carter  
MRP - Gina Miller

**TACTICS:** Over the last three fiscal years the quality objective on the ACP has focused on identifying critical to quality standards, ensuring compliance and creating measurement and monitoring strategies. To build on previous success, the FY24 ACP will focus on setting corporate targets for the adopted Critical to Quality standards and enhancing leader understanding of the measures and corporate monitoring tools/processes as well as data literacy.

**REPORTING COMMITTEE:** Patient Care & Quality Committee

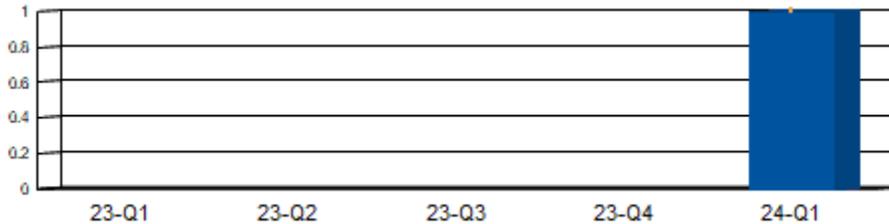
**Target:** Target 23/24: 100% (7) Perf. Corridor: Red: 0-2 standards , Yellow: 3-4 standards , Green: 5-7 standards

**Q1 FY2024 Strategy Performance Indicators Report**

**1. Ensure quality in every patient experience**

**a. Make quality the foundation of everything we do**

**Indicator: Compass contract signed**



	Actual	Target
23-Q1		
23-Q2		
23-Q3		
23-Q4		
24-Q1	1	1

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

Q1: Discussions complete with Compass to extend existing contract, with revisions as required and negotiated by KHSC, in partnership with MMC. Contract signed.  
Q2: Finalize process for reporting of agreed to KPIs and set up a regular monitoring system.

**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 Compass contract extension was signed during June 2023 (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**

Yes, we are on track to meet the objective by year end, including setting up the processes and monitoring contemplated within the contract extension

**Definition:** EVP - May Lou Toop  
MRP - May Lou Toop

**TACTICS:** Work with Compass to extend existing contract for a reasonable period to ensure stability in operations of nutrition, environmental services and other support services as longer term options to provide and improve the service are explored.

**REPORTING COMMITTEE:** People, Finance & Audit Committee

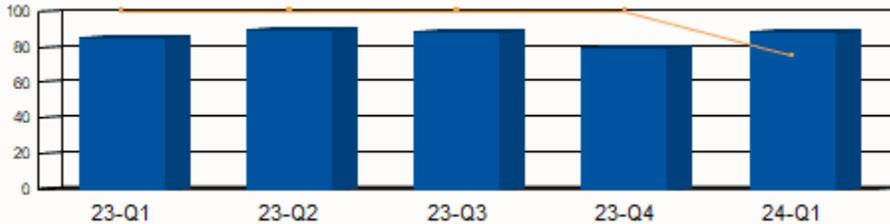
**Target:** Target 23/24: Yes = 1 Perf. Corridor: Red No = 0 , Yellow Blank = in progress , Green Yes = 1

## Q1 FY2024 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
23-Q1	85	100
23-Q2	90	100
23-Q3	89	100
23-Q4	80	100
24-Q1	89	75

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

Q1: Quarterly monitoring of volume targets to actual volumes. Goal is that they will exceed 75% of the expected volumes.  
 Q2: Quarterly monitoring of volume targets to actual volumes. Goal is that they will exceed 75% of the expected volumes.  
 Q3: Quarterly monitoring of volume targets to actual volumes. Goal is that they will exceed 75% of the expected volumes.  
 Q4: Quarterly monitoring of volume targets to actual volumes. Goal is that they will exceed 75% of the expected volumes.

#### 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 Q1 the 89% of Activity Based Funding patient volume exceeded the goal of 75% of expected volume. This metric is based on the dollars for a basket of procedures compared to the full amount that is potentially available.

#### 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, based on information at Q1 we will be on target to meet the objective of 75% of potential funding by year end.

**Definition:** EVP - May Lou Toop  
 MRP - May Lou Toop

**TACTICS:** During COVID activity-based volumes were reduced. It is critical to financial stability that the funded volumes be achieved to continue to receive the associated revenue.

**REPORTING COMMITTEE:** People, Finance & Audit Committee

**Target:** Fiscal 2024 target: 75%  
 Corridors:  
 RED: <60%  
 YELLOW: >60% and <75%  
 GREEN: >75%

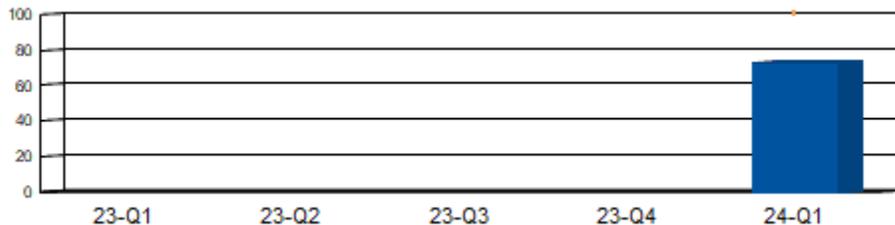
**Prior Targets:**  
 Fiscal 2023 target: 100% Corridors: RED <60% YELLOW >60% and <75% GREEN >75%  
 Fiscal 2022 target: 100% Corridors: RED: <60%, YELLOW: >60% and <75%, GREEN: >75%  
 Fiscal 2021 target: 100%, Corridors: RED: <60%, YELLOW: >60% and <70%, GREEN: >70%

## Q1 FY2024 Strategy Performance Indicators Report

### 1. Ensure quality in every patient experience

#### a. Make quality the foundation of everything we do

**Indicator: KHSC delivers 4% deficit for F2024 and financial strategy to ensure we benchmark as a high performer amongst peer hospitals**



	Actual	Target
23-Q1		
23-Q2		
23-Q3		
23-Q4		
24-Q1	73	100

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

Actual results will need to be carefully monitored against the budget to ensure that our operations remain within the budgeted deficit so that we do not further degrade our working capital, while we wait for funding announcements from the Province, or begin looking at mitigation strategies for longer term operational savings. Due to the late timing of the announcement of the salary increases, and the operating efficiencies already achieved by KHSC, it would not be possible to have realistic longer-term savings options to consider during F2324.

#### 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 June 2023 (Q1), the actual financial results were a negative total margin, hospital sector only, of 3.94% compared to a budget negative margin of 3.11%, based on the distribution of budget by quarter. KHSC was behind target by 27% for the Quarter, although within the annual 4% target. There have been a number of retroactive salary awards to unionized staff and the impact of the known arbitrated awards were reflected at June 2023. There has been no revenue recognition to offset these costs, other than for ONA that was accrued at year end.

#### 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

After Q1 the government has announced plans to fund the retroactive payments so it is expected that this position will be improved by Q2. An update will be provided in Q2 as to expected position at year end.

**Definition:** EVP - May Lou Toop  
MRP - May Lou Toop

**TACTICS:** With the reopening of previously capped salary rates for all staff, union and non-union, the impact on the salary and benefits budget which accounts for 65.5 percentage of the overall operating budget increased significantly. The union contract reopening was based on union challenges to Bill 124, and labour arbitrations that were awarded early in F2324, with a retroactive component. The date of the arbitration awards made it impossible to create and assess operational savings options to offset the salary increases. In addition, because this is a province-wide issue for all hospitals, it is expected that the Provincial Government would provide funding relief for these additional financial pressures. Moving more quickly to consider operational savings options than other hospitals in the province, and especially our peer hospitals, would not be of benefit to KHSC.

**REPORTING COMMITTEE:** People, Finance & Audit Committee

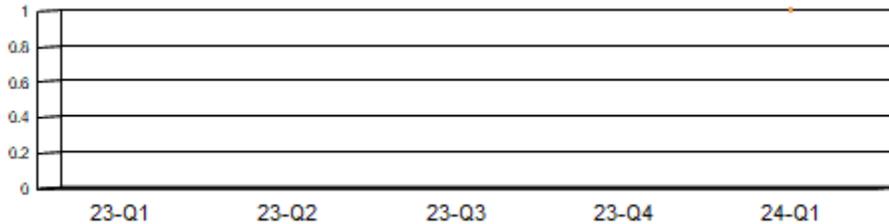
**Target:** Target 23/24: 100 Perf. Corridor: Red <60% , Yellow >60% and <70% , Green >70%

**Q1 FY2024 Strategy Performance Indicators Report**

**1. Ensure quality in every patient experience**

**a. Make quality the foundation of everything we do**

**Indicator: Build a capital strategy to support the increase in Lumeo cost**



	Actual	Target
23-Q1		
23-Q2		
23-Q3		
23-Q4		
24-Q1		1

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

- Q1: Become familiar with the type of financial challenges within the Lumeo project.
- Q2: Develop a list of options to consider for financing the increased costs
- Q3: Review the various options and decide on what is the best alternative for KHSC
- Q4: Make the necessary arrangements to implement the alternative chosen

**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**

During Q1 management concentrated on understanding the challenges faced within the Lumeo implementation due to decisions made to switch certain parts of the project from a regional responsibility to local responsibility with associated additional costs locally, but regional savings were redirected to other parts of the original project that were not sufficiently costed at the beginning.

**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**

Management was slightly behind target for Q1, due to changeover in CFO. It is expected that the timeline will be back on track by the end of Q3 and we will meet the objective by year end.

**Definition:** EVP - May Lou Toop  
MRP - May Lou Toop

**TACTICS:** As the Go-Live date for the deployment of Lumeo (Cerner) in the clinical areas of KHSC, and regional partner hospitals approaches it has become clear that the capital costs, as well as the ongoing operational commitments are significant to the financial health of KHSC. This is a strategic priority that will improve the patient experience and the communication amongst the regional hospitals in the areas of clinical care and it is expected to be operational during May 2024.

**REPORTING COMMITTEE:** People, Finance & Audit Committee

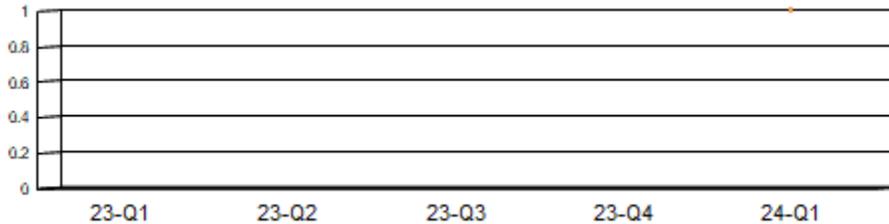
**Target:** Target 23/24: Yes = 1 Perf. Corridor: Red No = 0 , Yellow Blank = in progress , Green Yes = 1

**Q1 FY2024 Strategy Performance Indicators Report**

**1. Ensure quality in every patient experience**

**a. Make quality the foundation of everything we do**

**Indicator: Update LUMEO local Total Cost of Ownership**



	Actual	Target
23-Q1		
23-Q2		
23-Q3		
23-Q4		
24-Q1		1

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

Projecting the local KHSC Total Cost of Ownership for Lumeo.

**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**

First drafts of the re-baseline regional and local TCO's have largely been completed; however, there is still outstanding work to confirming the accuracy of Regional TCO forecasts. That said, both regional and local TCO's will have to be reevaluated once the most recent planning efforts are completed and new Go-Live dates confirmed.

**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:** EVP - May Lou Toop  
MRP - May Lou Toop

**TACTICS:** As the Go-Live date for the deployment of Lumeo (Cerner) in the clinical areas of KHSC, and regional partner hospitals approaches it has become clear that the capital costs, as well as the ongoing operational commitments are significant to the financial health of KHSC. This is a strategic priority that will improve the patient experience and the communication amongst the regional hospitals in the areas of clinical care and it is expected to be operational during May 2024.

**REPORTING COMMITTEE:** People, Finance & Audit Committee

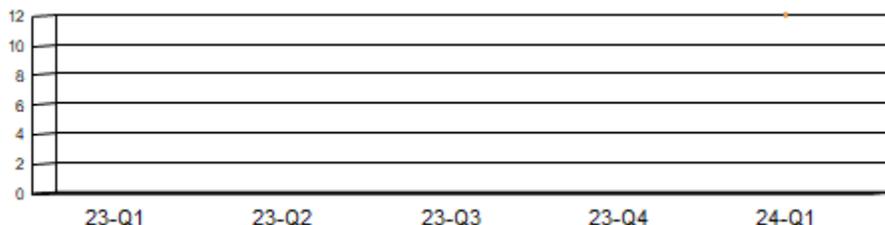
**Target:** Target 23/24: Yes = 1 Perf. Corridor: Red No = 0 , Yellow Blank = in progress , Green Yes = 1

**Q1 FY2024 Strategy Performance Indicators Report**

**1. Ensure quality in every patient experience**

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

**Indicator: Presentations at 12 programs, board committees (4 to reflect DEI)**



	Actual	Target
23-Q1		
23-Q2		
23-Q3		
23-Q4		
24-Q1		12

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

Advance KHSC's commitment to embedding the principles of PFCC by sharing patient experience stories that reflect the diversity of the community we serve at all levels of the organization.

**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**

Recorded and presented two stories at PCQC meetings. April (After death family experience) and May (Stroke care experience)  
 Recorded 3 patient stories for Q2 presentations  
 Patient Advisors welcomed new staff doing six New Employee Welcomes.  
 Angela met with Street Health clients and planned future patient story recording with client.  
 In person patient feedback forum presented in Labour and Delivery Program  
 Two In person patient stories at Regional Systemic Oncology Treatment Retreat  
 Nursing Council presentation with Patient Advisor patient story.

**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:** EVP - Brenda Carter  
 MRP - Angela Morin

**TACTICS:** Building blocks have been laid to support leadership and those aspiring into leadership roles. The opportunity for development conversations, career pathways, and roles to augment skills also is associated with increased engagement and performance. To meet the needs of the organization, the pipeline of internal talent aspiring to leadership needs to see a pathway and process to future growth and opportunities. While it is healthy to have new people come into any organization, ensuring internal talent moves into new roles in the organization promotes retention and aligns with our risk reduction strategy.

**REPORTING COMMITTEE:** Patient Care & Quality Committee

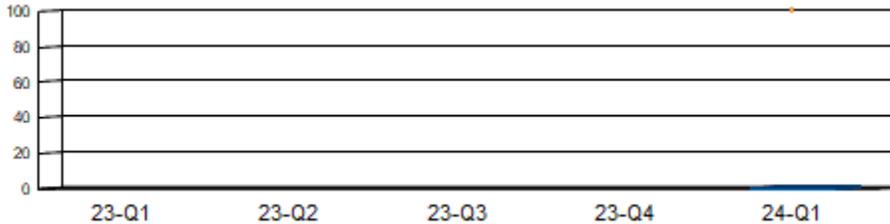
**Target:** Target 23/24: 12 Perf. Corridor: Red Q1: <1Q2: <1 Q3: <=1Q4: <=1 , Yellow Q1: <1Q2: 1Q3: 2Q4: 2 , Green Q1:1Q2: >=2Q3: >=3Q4: >=3

**Q1 FY2024 Strategy Performance Indicators Report**

**1. Ensure quality in every patient experience**

**c. Create the space for a better experience**

**Indicator: Updated Stage One Proposal Complete Y/N**



	Actual	Target
23-Q1		
23-Q2		
23-Q3		
23-Q4		
24-Q1	1	100

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

Consulting teams have been engaged and work plan is being assembled.

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

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

Yes.

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

**TACTICS:** An updated vision for short-term and long-term vision for KHSCs services and facilities needs to be developed in order to advance redevelopment investments.

**REPORTING COMMITTEE:** People, Finance & Audit Committee

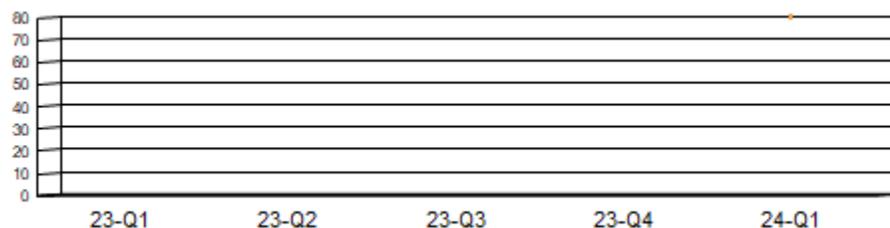
**Target:** Target 23/24: 100 Perf. Corridor: Red No = 0 , Yellow Blank = in progress , Green Yes = 1

## Q1 FY2024 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: Percentage of leaders completed inclusion training



	Actual	Target
23-Q1		
23-Q2		
23-Q3		
23-Q4		
24-Q1		80

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

The Inclusion Steering Council (ISC) met to complete the year end wrap up and review and reflect on the report from the first year. Planning ideas were generated to set up the next year and go forward from here. Several members of the ISC also completed the San'ya's indigenous cultural safety online training offered. A new Inclusion Advisor started at the end of the quarter who will be focused on inclusion related activities and education. The leadership education was curated and published on the Harvard ManageMentor platform and KnowledgeNow as phase 1 (self-directed on demand learning) of the inclusion training. Phase 2 dates of the event were solidified for October and volunteers were sought to consult on content. Activities for acknowledgement and celebration included Pride month, where there were sticker giveaways, a drag show lunch and participating in the Pride Parade. Other highlights included CEO communications regarding Indigenous History month and People's Day. The Black Staff Community Group met and there was a call for an Indigenous Staff Community Group membership. The recruitment and selection policy review was revived and will intersect with the Workplace Inclusion Charter goal in partnership with KEYS.

##### 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 with risks to psychological health and safety. Our staff and the broader community are seeking demonstrable action concerning improving diversity to reflect the community, equity for people who have been traditionally marginalized and inclusion in efforts related to opportunities, processes, and healthcare. KHSC has committed to actions to improve the overall work experience and build trust related to inclusion and a sense of belonging amongst our workforce. This is critical to not only deliver on excellence, but also recruit and retain a strained healthcare workforce. Our people have told us through inclusion and experience surveys that support from leadership and education are the top concerns and priorities they are looking to be addressed. Greater education will also positively impact the patient care experience.

##### 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 will have the measure in Q3.

**Definition:** EVP - Sandra Carlton  
MRP - Miki Mulima

**TACTICS:** Healthcare workers are in often stressful situations and environments with risks to psychological health and safety. Our staff and the broader community are seeking demonstrable action concerning improving diversity to reflect the community, equity for people who have been traditionally marginalized and inclusion in efforts related to opportunities, processes, and healthcare. KHSC has committed to actions to improve the overall work experience and build trust related to inclusion and a sense of belonging amongst our workforce. This is critical to not only deliver on excellence, but also recruit and retain a strained healthcare workforce. Our people have told us through inclusion and experience surveys that support from leadership and education are the top concerns and priorities they are looking to be addressed. Greater education will also positively impact the patient care experience.

**REPORTING COMMITTEE:** People, Finance & Audit Committee

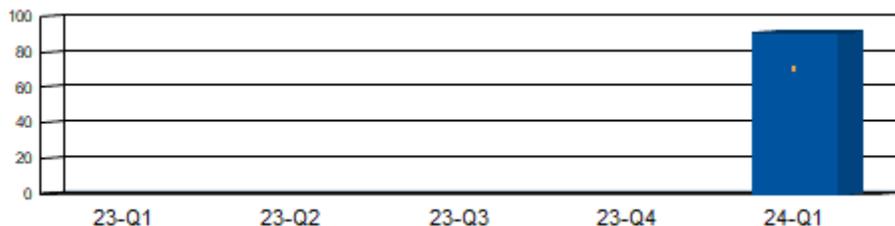
**Target:** Target 23/24: 80% Perf. Corridor: Red <70% , Yellow >70% and <75% , Green >76%

## Q1 FY2024 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: Number of leadership roles filled with internal candidates



	Actual	Target
23-Q1		
23-Q2		
23-Q3		
23-Q4		
24-Q1	91	70

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

91% of our KHSC leadership hired in the first quarter were internal promotions or transfers. Of those internal hires, 60% were stepping up into promotional opportunities. Given there are still a dozen vacancies for leadership roles at the end of quarter, there will be more to come. With the movement into leadership the focus remains on supports for recruitment and retention through various initiatives. This includes for recruitment, completion and recommendations forwarded to the recruitment team stemming from the Building a Sustainable Cadre of managers project, continuing the updates and policy review of recruitment and selection practices through an inclusivity lens, working on the employer brand and review of social media postings, tools and targets by engaging AppCast as well as ordering new assets (brochures, banners, etc). Other initiatives continued such as the new hire and exit surveys data collection and reporting, as well as publishing the upcoming year RISE catalogue (programming to support Leadership Development framework, competency, and leadership readiness). It was noted that feedback surveys indicate a positive trending direction.

##### 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 continued healthcare worker shortfall post-pandemic that is expected to continue for years to come, it is imperative that our focus is on retention and equipping our internal talent with the capabilities to progress in the organization. Leaders are critical in carrying out KHSC's mandate and delivering on its accountabilities as well as a key enabler of performance. They are tasked with nurturing and safeguarding our talent including developing our aspiring leaders, which makes it vital that we have a cadre of strong leaders as a key to strong execution. To meet the needs of the organization, the pipeline of internal talent aspiring to leadership needs to see a pathway and process to future growth and opportunities. While it is healthy to have new people come into any organization, ensuring internal talent moves into new roles in the organization promotes retention and aligns with our risk reduction strategy.

##### 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 with the first quarter at 91 %.

**Definition:** EVP - Sandra Carlton  
MRP - Miki Mulima

**TACTICS:** Building blocks have been laid to support leadership and those aspiring into leadership roles. The opportunity for development conversations, career pathways, and roles to augment skills also is associated with increased engagement and performance. To meet the needs of the organization, the pipeline of internal talent aspiring to leadership needs to see a pathway and process to future growth and opportunities. While it is healthy to have new people come into any organization, ensuring internal talent moves into new roles in the organization promotes retention and aligns with our risk reduction strategy.

**REPORTING COMMITTEE:** People, Finance & Audit Committee

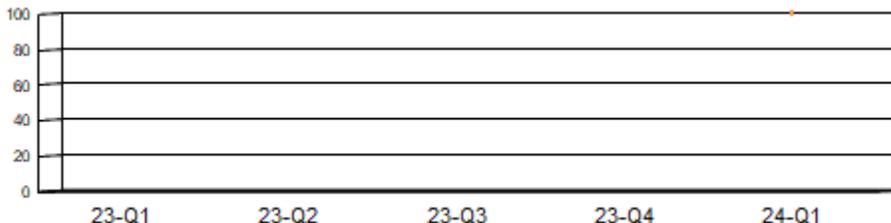
**Target:** Target 23/24: 70% Perf. Corridor: Red <60% , Yellow >60% and <70% , Green >70%

## Q1 FY2024 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: Lumeo ready for KHSC May 2024 Go-Live



	Actual	Target
23-Q1		
23-Q2		
23-Q3		
23-Q4		
24-Q1		100

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

Implement Lumeo (Regional Health Information System) for 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

In August Lumeo did not pass a critical Oracle-Cerner pre-testing gateway, which has required the partnership, regional Lumeo team, Oracle-Cerner and Deloitte to actively explore options to mitigate the outstanding issues and map out a realistic plan to move forward. Lindsay Wyers, the CIO from Brockville General Hospital has joined Wes Lynah (Deloitte) as a Co-Digital Health Executive Lead to support the team and provide oversight and direction. Leon Goonaratne, the permanent Regional Vice President Digital Health Systems is also joining the team on October 10, 2023. The team have put 'pens down' on many implementation activities through August and September to focus on planning. This planning process will help develop achievable timelines based on work that needs to be done and the resources needed to do it. Project timelines, work processes, organizational structures and human resource allocations are being reassessed and adjusted to ensure the project is positioned to move successfully from the design/build phase through testing, training, change management to Go-Live. The Regional Lumeo leaders intend to bring the updated plan and recommendations for Go-Live dates to the Steering Committee and CEOs in the latter part of September or early October. Impediments to progress delineated in the F23 Q4 report remain a serious concern.

#### 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 (see current performance commentary)

**Definition:** EVP - Valeria Gamache-O'Leary  
MRP - Dino Loricchio

**TACTICS:** T.B.D.

**REPORTING COMMITTEE:** Governance

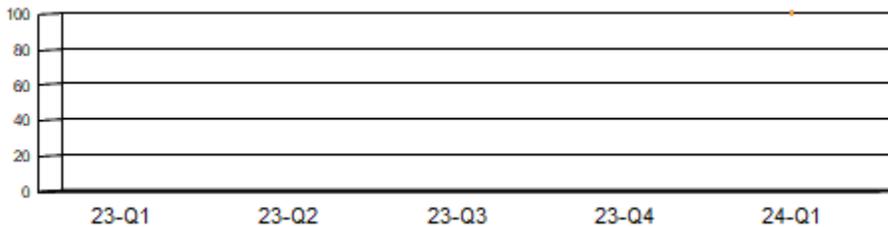
**Target:** Target 23/24:100% Perf. Corridor: Red <60% , Yellow >60% & <79% , Green >80%

## Q1 FY2024 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: KHSC participates in Ministry-directed OHT initiatives Y/N**



	Actual	Target
23-Q1		
23-Q2		
23-Q3		
23-Q4		
24-Q1		100

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

KHSC has engaged specialists to work with the KLA-OHT leadership in order to develop pathways of care for each of the four Ministry-directed current foci.

#### 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

Much work has been done on each of the four pathways (COPD, Heart Failure, Stroke and Diabetes Mellitus with an emphasis on limb preservation). We (KLA-OHT and KHSC) have had two meetings with Ontario Health leaders to discuss the pathways and await development of OH templates that we will follow. KHSC continues to support the KLA-OHT in earlier goals related to palliative care and Addictions and Mental Health treatment in the community.

#### 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 as advanced as we can be at this time.

**Definition:** EVP - David Pichora/ Brenda Carter  
MRP - Michael Fitzpatrick

TACTICS: T.B.D.

REPORTING COMMITTEE: Governance

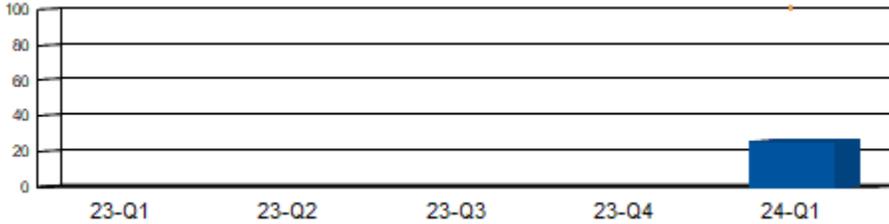
**Target:** Target 23/24: 100% Perf. Corridor: Red <70% , Yellow >70% and <79% , Green >80%

**Q1 FY2024 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: Percentage of Research Institute meetings completed with: A: clinical units B: Ambulatory, Critical Care, and Medicine nursing groups, and C: Nurse Practitioner group**



	Actual	Target
23-Q1		
23-Q2		
23-Q3		
23-Q4		
24-Q1	25	100

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

Engaging leads in clinical departments and nursing groups to meet with their units to discuss research activities, needs and opportunities

**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**

I have met with 4 clinical departments and the ambulatory nursing group.

**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:** EVP - Steven Smith  
MRP - Steven Smith

TACTICS: TBD

REPORTING COMMITTEE: Research

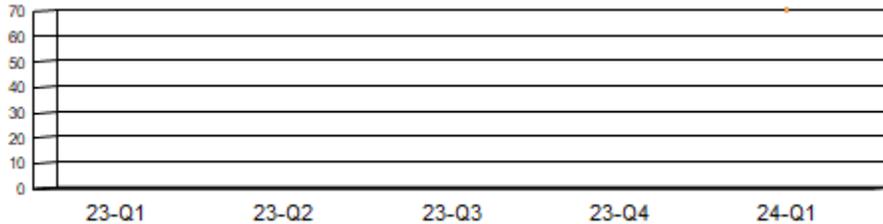
**Target:** Target 23/24: 100% Perf. Corridor: Red <70% , Yellow >70% and <79% , Green >80%

## Q1 FY2024 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: Student placements continue and all KHSC learners who go on to use Lumeo complete the required training/education**



	Actual	Target
23-Q1		
23-Q2		
23-Q3		
23-Q4		
24-Q1		70

#### 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.

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.

The implementation of Lumeo will impact the learners, as they will have to undertake training and education in order to provide patient care and use the new Oracle Cerner system.

#### 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 Lumeo Education Committee has been focusing on developing an education and training strategy plan for all credentialed staff, employees and students/learners. There is a specific education implementation plan for all learners at KHSC. Every student/learner will undertake mandatory education and training at implementation of Oracle Cerner before "go live". There is also sustainable plan for new learners who are onboarded post "go-live".

#### 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 Lumeo Education committee is still working through the implementation plan, based on direction from Oracle Cerner.

**Definition:** EVP - Michael Fitzpatrick  
MRP - Chris Gillies

**TACTICS:** Each year, Kingston Health Sciences Centre 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.

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.

With the planning and implementation of Lumeo, we have to be cognizant of that impact this will have on the learning environment. Therefore, KHSC will be developing a plan with our educational partners to ensure we are meeting the education objectives and deliverables, while also preparing/training them for the new HIS system.

**REPORTING COMMITTEE:** People, Finance & Audit Committee

**Target:** Target 23/24: 100% Perf. Corridor: Red <70% , Yellow >70% and <79% , Green >80%

## Q1 FY2024 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