

fiscal 2012-2013 **Q1**  
1st quarter ended June 30, 2012

# KGH this quarter



Kingston  
General  
Hospital

*Outstanding care, always*



## CEO Update

Welcome to *KGH This Quarter*, our quarterly report against our long-term strategy and annual corporate performance goals. Our first quarter ended June 30, 2012, and I'm pleased to report that 63 per cent of our strategy performance targets and 67 percent of our Quality Improvement Plan targets are on track to be achieved by the end of this fiscal year. At this stage of the fiscal year, this is consistent with the level of performance we expect - we set ambitious milestones at the outset of the year and we will make steady progress toward achieving each and every one of them by year end. It is also important to note that our Q1 report is typically issued late relative to subsequent reporting periods because of the impact of the summer months.

This year we committed to achieving 25 specific milestones, which are linked to the indicators that we monitor each quarter. Targets for each of the indicators are set at the beginning of the year and approved by our board of directors. Tight corridors of performance are identified so that we can rank our progress on each indicator as red, yellow or green. Our performance bar is high at KGH and our targets keep us focused on achieving our milestones, no matter how ambitious they may be.

In Q1, we continued to prepare for our Accreditation Canada survey, which took place in September. The survey process is one that enables health-care organizations to assess their performance

against national standards set by Accreditation Canada. KGH was last surveyed in 2009, at which time we met 94 per cent of the standards. To support the achievement of Outstanding Care, Always, this year we are striving to achieve 100 per cent of Accreditation Canada requirements to obtain a three-year unconditional accreditation standing.

Teams across KGH have been busy ensuring their dedication to Outstanding Care, Always is ready for the spotlight. We've used accreditation as an opportunity to focus on what we do well and how we can continue to build on our legacy of excellent patient- and family-centred care. KGH is in a continuous state of self-improvement, and Accreditation Canada gives us tools to take stock of our performance internally – where we meet expectations and where we can proactively adjust our processes to serve our patients and families better. We look forward to reporting on the survey results in Q2.

Our Q1 performance results are reported more fully in this report. I encourage you read *KGH This Quarter* and send us any questions or comments you have. For more detailed information, you can access the *KGH Strategy Performance Report* on our website where you can see how each of the indicators have trended over the past five quarters and what actions are being taken to improve performance.

Thanks for your interest in KGH. Stay tuned, KGH is on the move!

Sincerely,

Leslee Thompson  
President and Chief Executive Officer

In this document, we report the status of our performance as either green, yellow or red. Here is what the colours mean:

Status	Meaning
Green	On target
Yellow	Approaching target. Requires attention
Red	At risk. Focused review and action planning underway



To read more about strategy and performance at KGH, visit us online at [www.kgh.on.ca](http://www.kgh.on.ca)

# Transforming the patient experience through a relentless focus on quality, safety and service

KGH 2015 Outcome	2012/13 Milestones	Status
Patients are engaged in all aspects of our quality, safety and service improvement initiatives	Overall patient satisfaction is at or better than the provincial teaching hospital average	Green
All preventable harm to patients is eliminated	Patient safety culture ratings improve by 20%	Red
	Medication reconciliation is completed for every internal medicine program inpatient at admission	Green
	The number of new patients who acquire infections in our hospital is reduced by 10%	Green
All preventable delays in the patient journey to, within and from KGH are eliminated	KGH overall average length of stay is better than expected length of stay	Yellow
	The emergency department wait time for admitted patients is improved by 20%	Yellow
	Clinical services meet the provincial wait time target	Red
	Cancer Care Ontario access to care indicators are met	Red

improved response rate to the survey at 32 per cent, or 977 staff members, who completed the survey compared to 17 per cent in Q1 2011-12. We also saw a three per cent increase in staff rating KGH as “very good or excellent” at fostering a patient safety culture, but we are far from satisfied with our results which sit at only 28 per cent. We have heard from staff that some of these results may reflect the fact that we have not communicated well enough about what actions have taken place throughout the year to improve patient safety, so there is an awareness gap that needs to be fixed. This year, we are focused on several important patient safety initiatives, which we expect to have a positive impact on staff perceptions of safety in our hospital. We have stepped up communication about safety issues as part of our preparation for our Accreditation Canada survey in September. We are currently planning for Patient Safety Week in October. This week-long awareness blitz throughout the hospital will spotlight important safety initiatives in place and engage staff throughout the hospital in identifying and implementing safety improvements. We are recruiting a new Director of Patient Safety and Quality to embed the focus and supports for safety, quality and risk management into our organization structure.

## Engaging patients

Like all Ontario hospitals, we actively measure patient satisfaction and use those results to drive improvements at all levels of our organization. This year, we aim to achieve an overall patient satisfaction score that is at, or better than, the provincial teaching hospital average. Our most recent patient satisfaction data in Q4 2011-12 shows we are exceeding the provincial average in overall acute inpatient satisfaction with a score of 75 per cent. Digging deeper into the results, we are seeing particularly strong performance in two of the dimensions of care that are measured and rolled up into our overall score. We believe that the heightened focus on quality, safety and patient flow across all clinical areas of the hospital contributed to high scores in the specific dimensions of physical care, at 85 per cent, and access to care, at 84 per cent. While there are many factors that contribute to patient satisfaction, the extensive engagement of patients and families in our committees,

councils and working groups is embedding a patient perspective in all our planning and decision making activities and increasing staff engagement in all our quality, safety and service improvement initiatives. As of Q1, we have 48 Patient Experience Advisors involved in over 200 initiatives and teams within the hospital.

## Eliminating preventable harm

People expect to feel safe and be free of harm during their hospital stay. However, given the complexity of the care and service we provide 24 hours a day, seven days a week, adverse events can and do occur. At KGH we are committed to eliminating all preventable harm to patients. This year, we are focused on strengthening our patient safety culture, improving medication safety and reducing hospital acquired infections.

Each year, we do a Patient Safety Culture Survey of staff, which measures their perceptions of patient safety at our hospital. Our most recent survey results as of Q4 2011-12 showed a significantly

We are improving medication safety throughout the hospital by ensuring medication reconciliation is completed for every internal medicine program inpatient at the time of admission to our hospital. As of Q1, medication reconciliation was completed for 93 per cent of internal medicine program inpatients. This progress is thanks to a broad team, supported in particular by our pharmacy staff and technicians, and we expect to reach our target of 100 per cent by Q4.

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Infection outbreaks are a reality for all hospitals and KGH is no exception. This year, we aim to reduce the number of new patients who acquire infections in our hospital by ten per cent. Our ability to control outbreaks of *C. difficile* is the primary determinant of our ability to achieve this milestone. In Q1, there was a reduction by more than 50 per cent since Q4, from 54 to 21 new patients who acquired infections in our hospital. This is largely due to a decrease in *C. difficile* rates. There was a small rise in our MRSA, VRE and VAP rates in Q1 due to one or two patients acquiring each infection. This year, we are placing significant attention on the appropriate use of antibiotics in our hospital to slow the spread of antibiotic resistance with the introduction of a formal antibiotic stewardship program in Q2.

### Eliminating preventable delays

As a partner in our regional health system, KGH is doing its part to ensure processes within and beyond our hospital are well connected and coordinated so that patients receive the care they need in the best location, and move without delay. This year, we will continue to make improvements in patient flow by focusing on discharging patients at their expected lengths of stay, reducing wait times for emergency department admitted patients and patients waiting for elective surgeries, improving access to cancer care and working with regional partners to ease the transitions for patients between settings.

For each patient population, there is an expected length of stay related to the nature and complexity of their condition. Discharging patients at or sooner than the expected length of stay (ELOS) influences the rate at which we are able to admit patients who are waiting for a bed in our hospital. In Q1, our overall average length of stay was below our expected length of stay by half of a day. Thirteen out of 18, or 72 per cent of clinical services, are meeting the targeted ELOS or are better than the target. Our Patient Flow Task Force is actively addressing issues within programs that are exceeding ELOS.

We are aware that the number of patients who are waiting in our hospital for alternate levels of care has increased on a per day basis in Q1. We are implementing process improvement initiatives in our clinical programs, including the Home First program with CCAC, to prevent the need for designating patients as ALC and to support efficient transfer of patients home, or to other more appropriate clinical settings.

We continue to make progress with our emergency department wait times despite an increase in the volume and complexity of patients who visit our emergency department. This year, we are aiming to improve ED wait times for admitted patients by 20 per cent. As of Q1, 90 per cent of ED admitted patients were admitted within 27 hours against our target of admitting 90 per cent of patients within 22 hours. Over the last several quarters, we have seen a steady increase in the numbers of people who visit our emergency department at the same time as we are seeing a rise in patients requiring alternate levels of care. This affects our ability to free up beds for patients requiring admission to our hospital. The addition of our mental health program has contributed to the increase in emergency department volume by introducing a new patient population to the hospital. We have also seen an increase in the number of critically ill people who present to emergency and require admission to our critical care unit. In spite of the complexity of managing this activity, we are encouraged by a steady downward trend in ED wait times - we have seen a two hour reduction in wait times relative to Q1 of the last fiscal year despite an increase in total ED admissions of 51 patients and inpatient units running over capacity by as much as 10 per cent. ED wait times remain a significant challenge for our organization and a key focus of numerous continuous improvement initiatives under the guidance of our Patient Flow Task Force.

We are closely monitoring our surgical wait times, which are not currently meeting target. In Q1, 65 per cent, or 34 out of 52 of our publicly reported surgical wait times met or exceeded the 90th percentile provincial wait time target. Our target for this milestone is 90 per cent. Our wait-times strategy committee, with assistance from the decision support team, continues to support the surgical program leadership in monitoring progress and identifying opportunities to improve access. Two key improvements took place in Q1. Beginning in the cancer surgery area, we have taken a two-pronged approach to reducing surgical wait times by looking at how we align operating room (OR) time and how we manage surgical wait lists. First, we reorganized our OR schedule to make better use of OR time by extending the length of surgical days and adding cancer surgery cases. Then, we conducted targeted engagement with our surgical administrative assistants who received education in surgical wait list management to ensure consistency of booking and assignment of priority, as well as opportunities to shadow our surgeons to experience first-hand the complexities of surgery. We will roll out this education and engagement across surgical services throughout the year, which we expect to positively impact all surgical wait times.

Cancer Care Ontario (CCO) reports on wait times for access to systemic/ chemotherapy and radiation therapy based on the percentage of patients who are treated within their respective access targets. This year we are aiming to meet all of CCO's access to care indicators. As of Q1, we do not have data from CCO for chemotherapy and radiation wait times and we are not meeting the CCO target for access to cancer surgery. However, we have seen improvement in overall wait times for cancer surgery as a result of reorganizing our OR schedule and engaging administrative assistants in standardizing surgical wait list management practices. We have also developed a task force to look closely at our consultation and treatment processes and identify improvements related to cancer treatment program access.



## Bringing to life new models of interprofessional care and education

### Implementing our Interprofessional Collaborative Practice Model

Our Interprofessional Collaborative Practice Model (ICPM) is characterized by collaborative practice among teams of health-care professionals who are working together to deliver patient- and family-centred care. This year, we aim to build on our success with implementing ICPM across all clinical areas by beginning our e-documentation project to automate key pieces of our interprofessional assessment documents. In Q1, work continued in support of interprofessional bedside documentation in preparation for the automation of these documents.

KGH 2015 Outcome	2012/13 Milestones	Status
Our Interprofessional Collaborative Practice Model (ICPM) is implemented in every clinical area with high ratings from patients, staff and learners	Automation of interprofessional assessment- and adverse-reaction documents is complete (e-doc project)	N/A
KGH is recognized as a centre of excellence in interprofessional education	Workplan to fulfill interprofessional-education competencies is completed	Red

### Embedding interprofessional education

As a teaching hospital, education is at the forefront of our mandate at KGH. Interprofessional education (IPE) is the process by which two or more health professions learn with, from and about each other to increase collaboration, enhance practice and improve the overall quality of patient- and family-centred care. Working with our partners in the Faculty of Health Sciences at Queen's University and St. Lawrence College, we are focused on building KGH's interprofessional education organizational

competencies, which demonstrate how we create a culture and environment that supports staff continuing education and professional development, as well as the student learning experience. In Q1, we held an IPE strategic planning session at the Queen's University Executive Decision Centre, which resulted in a set of proposed actions for developing IPE competencies. We are currently revising the makeup of our steering committee for this important initiative to ensure we have effective leadership to support our goal of becoming a recognized centre of excellence in interprofessional education.

## Cultivating patient-oriented research

### Strengthening clinical research

Patient-oriented research focuses on improving patient outcomes. In collaboration with Queen's University and other academic partners we are advancing research at KGH in very deliberate ways, and steadily growing our clinical research capacity to foster a strong research culture in our hospital. The KGH Research Institute is our platform for channeling the growth and development of a strong health research enterprise. This year, we are continuing to increase research personnel, solidify our research areas of focus and expand space for clinical research by creating a new Clinical Investigation Unit in our hospital.

KGH 2015 Outcome	2012/13 Milestones	Status
Externally funded research at KGH has increased by 50%	Clinical research space at KGH increases by 25%	N/A

This new unit will occupy an entire floor of the hospital, increasing the total research space at KGH by 8,500 square feet. In Q1, we worked with the University Hospitals Kingston Foundation to complete a case to support fundraising efforts for the construction of the new space. When complete, the unit will feature state-of-the-art clinical research facilities and infrastructure to enable our clinical scientists to be globally competitive.



# Increasing our focus on complex-acute and specialty care

## Aligning and integrating health system services

KGH’s ability to fulfill its role as southeastern Ontario’s complex-acute and specialty care, research and teaching hospital requires an integrated, strategic approach to health care in the South East Local Health Integration Network (SE LHIN). The SE LHIN, together with the regional hospitals and the Community Care Access Centre, has embarked upon a critical examination of current hospital services within seven clinical areas to create a Clinical Services Roadmap. Working groups with representation from all regional partners have focused on cardiovascular disease, emergency department wait times, health care acquired infections, maternal/high-risk newborn, mental health and addiction services and restorative care and surgery. The goal is to improve service provision, reduce program duplication and improve access, efficiency and effectiveness.

KGH has been a leading participant in this initiative as our clinical and administrative leaders continue to actively participate in the development of the roadmap. The prioritization team has identified initiatives that are already underway or able to be implemented with current resources. These will commence as the first wave of roadmap initiatives in this fiscal year, including a number of initiatives to be implemented this fall targeted at improving patient flow through emergency departments, reducing hospital acquired infection and improving access to cardiovascular intervention, appropriate maternal/newborn care and mental health services.



## Focusing on complex-acute and specialty care

As the region’s complex-acute and specialty care provider, KGH is accountable for delivering specific volumes of services as well as achieving wait time targets. Managing the delivery of service volumes is a complex task as each service comes with its own set of challenges from the availability of qualified personnel for program areas, to fluctuating regional demand for services. As of our most recent data in Q4 of the last fiscal year, 96 per cent of our volume contracts met their target against our overall target of 100 per cent. Success in this area is due to strong leadership from our surgical perioperative and anesthesiology program (SPA), which added support to clinical offices to help with OR bookings and manage wait times and volumes. The addition of operating room emergency time and extra room on weekends has enabled our clinical services to maintain scheduled surgeries without substitution of emergency cases.

## Using best evidence to guide practice

Evidence-based guidelines, or order sets, are comprehensive, best-practice guidelines used to assist health-care professionals in managing common health issues and interventions in a variety of patient populations. Using evidence-based guidelines to ensure appropriate tests, treatments and medications are prescribed enhances patient safety and overall quality of care while helping to reduce length of stay and readmission rates.

As of Q1, we have implemented new evidence-based guidelines in our renal, obstetrics and gynecology, neonatal intensive care, orthopedic and cardiac surgery programs, exceeding our Q1 target of implementing new guidelines in three clinical areas. A total of 39 guidelines are now in place within 11 clinical areas at KGH. While development of the guidelines is progressing well, we are focused on supporting adoption and utilization of these tools throughout the clinical programs, with an emphasis on putting technology in place to facilitate and enhance clinical uptake.

KGH 2015 Outcome	2012/13 Milestones	Status
KGH services are well aligned and integrated with the broader health-care system	Clinical Services Roadmap initiatives launched	Green
	Target service volumes are met	Green
Best evidence used to guide practice	Evidence-based guidelines are adopted in 12 clinical areas	Green



# Enabling high performance

## Improving staff satisfaction and engagement

Having a positive, dynamic, healthy workplace is a top priority. Our annual Worklife Pulse Survey measures staff satisfaction with and perception of many dimensions of the work environment at KGH, including overall satisfaction with the organization. This year, we are targeting a 20 per cent improvement in our overall staff satisfaction rating. We will make progress against this milestone by working together with our staff to eliminate day-to-day barriers and frustrations. For example, we know that staff scheduling can be a significant source of frustration and this is challenging to manage in a large 24/7 organization. In Q1, we were recruiting a project manager to lead the development of a staff scheduling system to increase efficiencies, centralize scheduling and create capacity for front-line staff and managers so they can work to their full potential. This is expected to improve work-life balance and staff satisfaction with scheduling and time input processes.

## Providing a safe, healthy workplace



Safe staff equals safe patients, so workplace safety is a high priority at KGH. We actively monitor safety in our workplace through a comprehensive Health and Safety Scorecard that measures our performance on numerous dimensions of safety from musculoskeletal and needlestick injuries, to lost-time injury claims and violence-related incidents. This year, we want to meet all of our KGH Health and Safety Scorecard targets. As of Q1, 80 per cent of the 21 indicators on the scorecard are within their target ranges. This represents a 27 per cent improvement over Q1 of the last fiscal year. Our Joint Health and Safety Committee has been active conducting monthly inspections with their union and management representatives.

## Creating a continuous improvement environment

We have committed to creating a continuous improvement environment at KGH, with consistent use of Lean principles. To achieve this, we are aligning all continuous improvement efforts to our strategy and ensuring that the tools, techniques and knowledge we gain are shared across the organization so that best practices can be more rapidly and easily adopted. This year, we have committed to having 100 per cent of KGH managers complete continuous improvement training. Our process excellence team developed a formal training program to introduce managers to continuous improvement principles and translate them into immediate action within every program and department of the hospital. In Q1, 21 managers completed their training against our target of 18, and numerous follow-up sessions have occurred to conduct targeted improvement cycles. Already, these principles and techniques are quickly being embraced as part of the KGH way of operating and delivering high-quality, patient- and family-centred care.

Enabler	KGH 2015 Outcome	2012/13 Milestones	Status
People	KGH is designated as one of the best places to work	Overall staff satisfaction ratings improve by 20%	Red
	All preventable harm to staff is eliminated	Health and Safety Scorecard targets are met	Green
	Staff are engaged in all aspects of our quality, safety and service improvement initiatives	Employee engagement action plans are in place at all team levels	Red
Processes	Continuous improvement environment created with consistent use of lean principles	100% of KGH managers complete continuous improvement training	Green
Facilities	Phase 1 redevelopment is complete, Phase 2 construction is underway and KGH has sufficient parking	Phase 2 redevelopment functional programming commences	Green
	KGH is clean, green and carpet-free	Carpets are removed from 75% of patient areas	Yellow
Technology	Rapid transmission of information improves care and operational efficiency	Discharge summaries are sent to primary care providers within 72 hours of patient discharge	Red
Finances	Our operating budget is balanced and we are able to allocate \$20 million a year to capital expenditures	Investment in capital equipment, technology and infrastructure reaches \$15 million	Green
Communication	We continue to engage and report openly and regularly on our progress	Staff satisfaction with communication at KGH improves by 20%	Yellow

## Preparing for phase two redevelopment

Phase one of our \$196 million redevelopment project was completed on time and on budget in the last fiscal year. This multi-year project was one of the largest and most complex hospital redevelopment projects in Ontario, which has created an additional 170,000 square feet of new space and the renovation of another 143,000 square feet at KGH. Now, planning for phase two redevelopment is well underway under the guidance of the Phase two steering committee. Phase two includes plans for a brand new neo-natal intensive care unit, new labour and delivery facilities, new labs and new operating rooms. Our Joint Planning Office and teams across the hospital commenced work on the phase two Master Program and Master Plan in Q1, which are on track to be completed in Q2.

## Getting rid of carpets

Carpets are difficult to maintain in a hospital environment. They are hard to clean and harbour dirt and germs that can contribute to the spread of infection. Three years ago we committed to getting rid of carpets in our hospital. The carpets are now disappearing from all patient areas and being replaced with bright, shiny floors to the delight of staff and patients. Our new carpet-free floors are contributing to a safer, cleaner environment at KGH. As of Q1, 41 per cent of patient areas are now carpet free against our Q1 target of 48 per cent. The delay in reaching our Q1 target was related to the impact of other projects such as elevator upgrades and is not expected to affect our year-end target of being carpet free in 75 per cent of patient areas of the hospital.

## Connecting with primary care providers

As part of a regional system of health care, we are working with our community partners and family physicians to strengthen the continuity of care for our patients. One of the specific areas of investment we have made is in our electronic communications with family physicians using patient e-discharge summaries. While 95 per cent of people who leave our hospital leave with a discharge summary detailing all the information about what happened during their stay at KGH, only 42 per cent of e-discharge summaries are distributed to family physicians within 72 hours as of Q1 and our target is 80 per cent within 72 hours. While we are not currently achieving the target we set for ourselves, the number of summaries that are being sent within 120 hours continues to improve. We are currently investigating new technology to enhance reporting and enable automatic notifications to physicians of outstanding summaries and are confident this will help us achieve our target by year end.

## Investing in our future

Investing in the future of KGH so that we have the infrastructure, equipment and technology we need to deliver Outstanding Care, Always is a top priority. This year, we aim to increase our investment in the hospital to \$15 million by year end. As of Q1, our capacity to invest in ourselves has been increased to \$12.5 million. Finding the money to invest in our future is not easy and with leadership from our decision support team and every KGH program and department, we continue to identify new operational efficiencies and direct those savings to capital investment. Our ultimate goal is to increase our annual capital investment capacity to \$20 million by 2015 to keep our facilities modern, and equipment and technology up-to-date.



## Strengthening internal communication

Keeping the almost 500,000 people who are part of the KGH community up-to-date with what's happening in our 24/7 organization is a big challenge. Last year, we harnessed the power of social media to help us deliver on that challenge. KGHConnect.ca was launched as a dynamic online portal for news and community engagement. If you haven't already, join us online at [www.kghconnect.ca](http://www.kghconnect.ca) to become part of the conversation. This year, our focus is turning to internal communication and staff engagement. Research shows that effective, timely, accessible communications with staff contributes to employee engagement. Our communication milestone for this year is to improve staff satisfaction with communication at KGH by 20 per cent, based on responses to our annual Worklife Pulse Survey, which will occur in March 2013. In Q1, we made significant strides toward the achievement of this target by launching the development of an internal communication plan and web communication strategy with emphasis on developing a new corporate intranet as an online platform for the KGH community to come together, share information and collaborate in ways that are otherwise impossible in a 24/7 organization. We expect the implementation of these strategies to support the achievement of this milestone by year end.