

fiscal 2012-2013 **Q2**
2nd quarter ended September 30, 2012

KGH this quarter





CEO Update

Welcome to *KGH This Quarter*, our quarterly public report against our long-term strategy and annual corporate performance goals. Our second quarter ended September 30, 2012 and while I am pleased that we are on track with 64 per cent of our performance goals, we have identified some areas that are delayed in their implementation, and others that require a shift in approach in order to achieve the year-end targets. Q2 marks the halfway point in our fiscal year and an important time in our accountability process. We do an in-depth analysis with our teams of what is going well and what needs to change so that we can focus our efforts on actions that will help shift “red-status” milestones to yellow or green. We strive for continuous improvement and each quarter we learn new ways to move closer toward our aim of Outstanding Care, Always.

The first half of this fiscal year was marked by two proud accomplishments. In Q2, Kingston General Hospital was awarded ‘Accreditation with Exemplary Standing’ from Accreditation Canada – the highest award that the organization gives out. Accreditation is a voluntary process that allows health-care providers to assess every aspect of health care and service against national standards of excellence.

In the surveyors’ final report, Accreditation Canada determined that KGH met 2,223 out of 2,248 standards and criteria for an overall score of 98.9 per cent. That’s an increase of nearly five per cent since KGH’s last accreditation in 2009. This survey is a real measure of how far we’ve come and how all our hard and focused teamwork is paying off.

KGH has also been generating a lot of buzz for our work in putting patients at the centre of everything we do.

In Q2, we won an important award from a world expert in patient-centred care – the NRC Picker *Innovative Best Practice Award 2012* for Canada. This award recognizes us for creating and implementing the Interprofessional Collaborative Practice Model (ICPM) along with our patient- and family-centred care initiative. For KGH to be recognized as an innovator at this level is truly remarkable and exemplifies the hard work of our patient experience advisors and staff.

While we have taken the time to celebrate our accomplishments, we remain dedicated to improving our performance in areas where we are challenged. For example, we are focused on improving access to care and patient flow in the face of increased demand for complex-acute and specialty care and a growing number of patients waiting in our hospital for alternate levels of care. These are pressures from a health system perspective that we are actively addressing through numerous patient flow initiatives and in collaboration with our partners in the broader health-care system.

Our Q2 performance results are detailed more fully in this report. I encourage you to 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!

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

Sincerely,

Leslee Thompson
President and Chief Executive Officer

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

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 are aiming to achieve an overall patient satisfaction score that is at, or better than, the provincial teaching hospital average. Our most recent patient satisfaction data as of Q1 shows that we are meeting the provincial average in overall acute inpatient satisfaction with a score of 75 per cent. One aspect of patient satisfaction that we are paying particularly close attention to is patient satisfaction with food. Hospital food and nutrition services play an important role in patient recovery and well-being. Foodservice quality can also influence patients' satisfaction with their overall hospital experience. A survey was undertaken in Q2 to assess patient foodservice satisfaction at KGH shortly after we implemented the new Steamplicity™ foodservice model. When compared to a baseline survey compiled prior to changing to the new model, the results of the Q2 survey indicate overall improvement in patient satisfaction with food. The category of patients scoring an overall rating of "excellent" or "very good" increased from 17 per cent to 69 per cent. The category of patients scoring an overall rating of "good" increased from 63 per cent to 88 per cent. These survey results also tell us what variables contribute to overall patient satisfaction with food and help us to target our continuous improvement efforts.



Eliminating preventable harm

People expect to feel safe and be free of harm during their hospital stay. At KGH we are committed to eliminating all preventable harm to patients. 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. This year, we are focused on strengthening our patient safety culture, improving medication safety and reducing hospital acquired infections.

On a regular basis, staff is invited to complete a survey that measures their perceptions of patient safety at our hospital. The Patient Safety Culture Survey results as of Q4 2011-12 showed a significantly improved response rate to the survey – 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.

However, we are far from satisfied with the results which sit at only 28 per cent. While we have taken many actions to improve patient safety, we believe many of our staff may not be aware of all that we have accomplished. In Q2, we stepped up communication about safety issues in a major way as part of our preparation for the Accreditation Canada survey that took place in September. We also hired a new Director of Patient Safety and Quality in Q2 to advance the focus and supports for safety, quality and risk management. We expect these efforts will have a positive impact by improving awareness and strengthening our safety culture. The next Patient Safety Culture Survey will take place in February, 2013.

We are improving medication safety throughout the hospital by ensuring medication reconciliation is completed for every internal medicine program inpatient at the time of their admission to our hospital.

| 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 | Yellow |
| | The number of new patients who acquire infections in our hospital is reduced by 10% | Red |
| 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% | Red |
| | Clinical services meet the provincial wait time target | Yellow |
| | Cancer Care Ontario access to care indicators are met | Red |

This is a process where health-care professionals work with patients and families to create an accurate and complete list of the patient’s medication information. As of Q2, medication reconciliation was completed for 84 per cent of internal medicine program inpatients against our target of 100 per cent. This represents a ten per cent drop in performance compared to the previous four quarters. A focused review is underway between our pharmacy and internal medicine programs to identify barriers and address staff compliance with medication reconciliation.

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 Q2, 37 new patients acquired an infection in our hospital, which exceeds our target of 31. This 32 per cent increase since Q1 is attributed to a rise in *C. difficile* and central line infection rates. Rates for central line infection, which occur in the bloodstream of patients who are receiving intravenous drug and/or nutrition therapy, have increased slightly

over the past two quarters from 0.4 to 0.7. However, it is important to note that this increase is based on three patients in the three-month period of Q2. Focused review and action planning is underway with our critical care department to address this issue. We also saw a small decline in compliance with hand hygiene from 94 per cent at Q1 to 91 per cent in Q2. In the previous two quarters we have posted strong hand hygiene compliance rates toward our target of 100 per cent. It is important to note that from Q1 to Q2, we modernized our technology to iPods for observing hand hygiene compliance instead of PDAs. The slight decrease in the rate is partially attributable to the introduction of the new technology. Education on the use of these new devices is ongoing. A particular area of focus in our fight against hospital acquired infections this year is the proper use of antibiotics. Overuse of antibiotics is associated with the emergence of antimicrobial resistance of some pathogens. In Q2, we launched a new antibiotic stewardship program and we have already seen a decline in the use of antibiotics that we expect will support a reduction in the number patients who acquire infections in our hospital.

Eliminating preventable delays

As a partner in the regional health-care 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 are moved without delay. This year, we are making improvements in patient flow by focusing on discharging patients at their expected lengths of stay. We are focused on 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.

There is an expected length of stay (ELOS) for each patient population related to the nature and complexity of their condition. Fourteen out of 18, or 77 per cent of clinical services, are meeting their targeted ELOS or are better than the target. Discharging patients at or sooner than the ELOS influences the rate at which we are able to admit patients who are waiting for a bed in our hospital. In Q2, our overall average length of stay remained below our expected length of stay by 0.7 of a day. This is 0.1 days away from our target of 0.8 days. At the same time, we experienced significant challenges with the increased number of patients who are waiting in our hospital for alternative levels of care (ALC). We continue to strengthen the accountability of our concurrent review process. Program leaders and the concurrent review team are working together to identify and address the root causes of patient flow challenges. We are also stepping up work with partner hospitals and long-term care facilities to support the transition of ALC patients to other care settings. Of particular concern is the high number of patients waiting to go to hospitals in their home community. We have initiated a communication process with those institutions to alert them and support transition planning as soon as their patients are ready to be returned to their facilities.



We continue to sustain 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 Q2, 90 per cent of ED admitted patients were admitted within 29 hours – our target is 22 hours. While the status of the milestone is red this quarter, it is important to note that we reduced the target wait time for ED admitted patients by 30 per cent while 441 more people were admitted from the ED than the same time last fiscal year. So while we are not achieving this more ambitious target, we are encouraged by our ability to sustain our gains in the face of greater demand for ED services. In Q2, we initiated Code Gridlock numerous times with durations ranging from four to 72 hours. Code Gridlock is a code that alerts all staff that we are “overcapacity” and that patient and staff safety is at risk of being compromised by the overflow of patients in our facility. In essence, it is a situation where there are no open rooms into which to admit patients. These intermittent surges, combined with the high number of ALC patients and a challenging mental health population in the ED contribute to longer wait times for admitted patients in our ED.

All programs have focused tactics to improve patient discharge prediction and discharge planning processes. We are also working with our health system partners and the South East Local Health Integration Network (SE LHIN) to identify the root causes of increased ED activity and admissions and develop a shared understanding of the pressures and opportunities at a health system level.

We are closely monitoring our surgical wait times, which are not currently meeting target. In Q2, 83 per cent, or 43 out of 52 of our publicly reported surgical wait times met or exceeded the 90th per centile provincial wait time target. Our target for this milestone is 90 per cent. Our surgical, perioperative and anesthesia program (SPA) is focused on efforts to standardize best practices for both surgical and administrative functions to improve patient flow and efficiency.

One of the ways this is happening is through the assignment of an individual to examine and monitor all surgical wait lists, identify and flag where patients are waiting excessively and contacting surgical administrators to support action planning.

Cancer Care Ontario (CCO) implemented the Ontario Cancer Plan (OCP) that serves as a roadmap for reducing the risk of Ontarians developing cancer while improving the quality of care for current and future patients. CCO distributes a quarterly Regional Performance Scorecard which includes a combination of performance metrics for programs overseen by Cancer Care at KGH and the South East Regional Cancer Program (SERCP). At KGH, we are aiming to meet all four of CCO's access to cancer care targets. At Q1 when the most recent CCO data was reported, three of these four access-to-care indicators were red. We are challenged with several wait times for initial consultation with a radiation or medical oncologist and for surgical oncology procedures. A working group was established in Q2 to review registration and booking processes and identify projects to improve performance over the next three quarters. We also launched a wait time improvement project in Q2 in partnership with the SPA program that has identified a number of initiatives aimed at achieving 80 per cent of surgical access targets by Q4.

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 are aiming to build on our success in implementing ICPM across all clinical areas by beginning our e-documentation project to automate interprofessional assessment documents. While work continued in support of interprofessional bedside documentation, the automation of the documentation is currently on hold due to a change in the technology platform at KGH. We expect to proceed with the implementation of this milestone early in the next fiscal year.

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 Q2, we revised the makeup and terms of reference for our IPE steering committee. The committee completed a draft work plan for supporting our organization to fulfill its interprofessional education competencies. One area of particular focus is organization-wide communication. A formal IPE communication plan is in place to support awareness and begin to build a culture of interprofessional education throughout the hospital.

| 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 | Yellow |

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.

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

This year, we are continuing to increase research personnel, solidify our research areas of focus and expand space for clinical research by creating a state-of-the-art Clinical Investigation Unit on Connell 4 at KGH. As of Q2, preliminary structural plans for the new space were completed and three KGH Research Institute offices have moved into Connell 4. One of these, our Pulmonary Function Lab, will soon become the research laboratory for one of our new clinician scientists, respirologist, Dr. Alberto Neder.

A survey of facility and service requirements is taking place with KGH researchers. Fundraising is underway under the leadership of University Hospitals Kingston Foundation to support the renovation of the new research space, and we have already received the first commitment of funds.



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 SE LHIN. The SE LHIN, together with 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 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, 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 Q2, 23 of 27, or 85 per cent of our contracted volumes met their target. We anticipate meeting the four targets that have not yet been met by year end. These include two services in general surgery, one in dental surgery and one in pediatric orthopedics. 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 Q2, there are now 53 order sets available across 15 different clinical areas within the hospital. We are about to embark on the implementation of Entry Point, a new tool that will allow completion of order sets in an electronic format, facilitating their management and use.

| 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 at KGH. The Worklife Pulse Survey measures staff 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. In Q2, we communicated the results of our last survey and in Q3 we will be running focus groups to discuss those results and explore recommendations for actions we can take to improve in the next survey that will take place in February 2013. Two of the supporting indicators we track related to staff satisfaction are sick time and overtime.

Our average sick days per employee per year dropped from 11.3 in Q1 to 10.9 in Q2 against our target of 10.5 and we have seen a steady downward trend in sick time over the last three quarters. This is thanks to a renewed focus on attendance promotion and our ability to sustain disability management best practices. Overtime continued to be a challenge in several clinical areas in Q2, largely related to staffing and occupancy levels in addition to increased clinical activity. In Q2, work began to redesign our recruitment and onboarding processes to help improve employee retention and stabilize staffing levels.

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 Q2, 67 per cent of the 21 indicators on the scorecard are within the targeted range. This represents a 16 per cent drop from Q1. We saw a significant increase in needlestick injuries in Q2 with a total of 22 incidents. In the same quarter a new Push Button Butterfly Blood Collection Set was implemented across the hospital that is expected to decrease the number of needlestick injuries. We also saw a rise in health care claims, the majority of which were related to musculoskeletal injuries (MSIs). Our MSI prevention program is currently being evaluated by a newly hired Ergonomist.

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 these principles into immediate action within every program and department of the hospital. As of Q2, 31 additional leaders completed their continuous improvement training against our target of 24, and follow-up sessions have occurred throughout the organization focused on targeted improvement cycles. Participation in this training has far exceeded our targets. And, not only are all KGH leaders registered for the training, but numerous staff members from across the organization have participated as continuous improvement becomes part of the 'KGH Way' of operating. Training will continue throughout the remainder of the fiscal year.

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, creating an additional 170,000 square feet of new space and the renovation of an additional 143,000 square feet at KGH. Now we are focused on Phase two redevelopment that includes plans for a brand new neonatal intensive care unit, new labour and delivery facilities, new labs and new operating rooms. Planning for a redevelopment of this magnitude is a complex task. Our Phase two redevelopment steering committee is leading the development of a proposal to the SE LHIN and the Ministry of Health and Long-Term Care, with input from stakeholders including regional hospitals and Queen's University. In Q2, we received input from regional hospitals at a special meeting hosted by the SE LHIN and our stage one proposal submission will be complete in Q3.

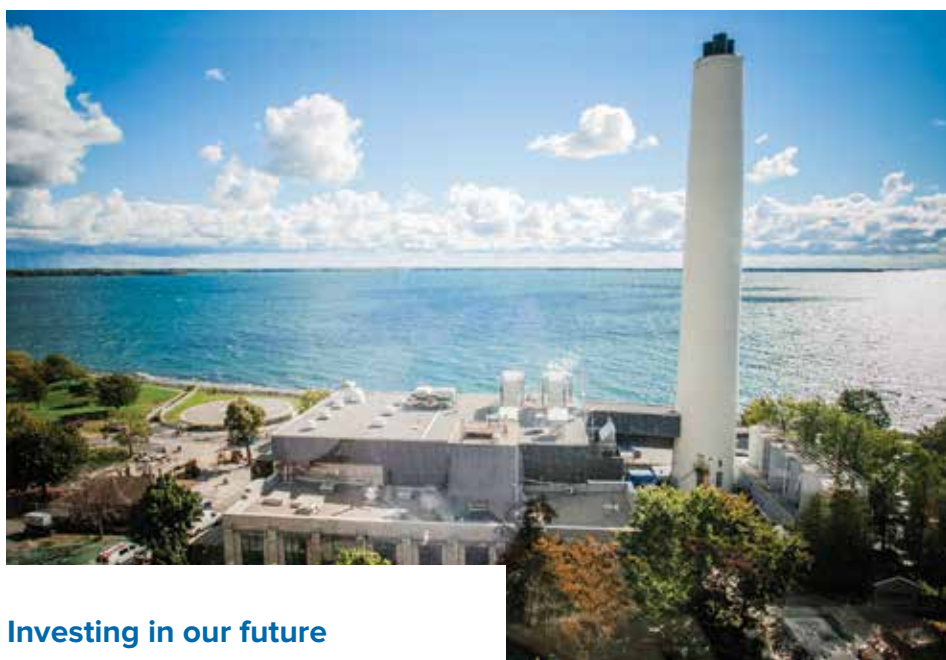
Getting rid of carpets

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 Q2, 48 per cent of patient areas are now carpet-free against our Q2 target of 52 per cent. The delay in reaching our Q2 target was related to the decision to operate a double shift on Kidd 1 and Kidd 2 to expedite carpet removal in the Cardiac Sciences Unit and limit the disruption that relocation would have caused. This delay 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 by 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 37 per cent of e-discharge summaries are distributed to family physicians within 72 hours as of Q2. Our target is 80 per cent within 72 hours. Our efforts at improving on the electronic notification about chart deficiencies to attending physicians have been unsuccessful and this has been the largest barrier to our achievement of this milestone. We are continuing to monitor compliance and exploring alternative means of sending electronic notifications to attending physicians. We expect to have optional solutions for consideration in Q3.



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 Q2, our capacity to invest in ourselves has been increased to \$12.9 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. Through these efforts, we expect to reach our target of generating the capacity to invest \$15 million by the end of this fiscal year, which will help to keep our facilities modern, and keep equipment and technology up-to-date.

| 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 | Yellow |
| | 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 | Green |
| 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% | Red |

Strengthening internal communication

Keeping the almost 500,000 people who are part of the KGH community informed with what's happening within our 24/7 organization is a big challenge. This year, we are focused on improving staff satisfaction with communication at KGH by 20 per cent based on responses to our Worklife Pulse Survey that will take place in February 2013. Research shows that effective, timely, accessible communications with staff contributes to employee engagement.

In Q2, we made significant strides toward the achievement of this target by finalizing a web communication strategy with emphasis on developing a new corporate website and 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 also completed a wayfinding strategy for our hospital to help patients, families, staff and visitors navigate from place to place with ease in our facility. Research also shows that good wayfinding helps to promote healing by providing patients with a sense of control and empowerment during their hospital stay.

It also enhances staff productivity by reducing the need for concerned staff members to take time away from patient care to give directions or walk lost visitors to their destination. This strategy will address both the internal and external environment at KGH and contribute to making our hospital environment more patient, family and staff-centred. We expect the implementation of both the web and wayfinding strategies to help improve staff satisfaction with communication at KGH, supporting the achievement of our communication milestone by year end.

