

fiscal
2013-2014 **Q1**
1st quarter ended June 30, 2013

KGH this quarter



Kingston
General
Hospital

Outstanding care, always



CEO Update

Welcome to *KGH This Quarter*, our quarterly report on progress against our annual corporate plan and our long-term strategy for achieving Outstanding Care, Always. Our first quarter ended June 30th and I'm pleased to report that 92 per cent of our annual corporate plan performance targets and 58 per cent of our Quality Improvement Plan targets are on track to be achieved by the end of this fiscal year. At this stage of the year, this is consistent with the level of performance we expect. We set ambitious targets and we will make steady progress toward achieving them by year end.

We committed to achieving 13 milestones this year, 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 and we rank our progress on each indicator as red, yellow or green. We've set the bar high on our targets and we are focused on achieving our ambitious milestones.

Our annual corporate plan looks a little different this year. We wanted to create greater focus to help people at all levels of the organization understand how their daily work contributes to the achievement of our strategy. To this end, along with outcomes and milestones, this year's plan has been expanded to include improvement priorities, which shape the focus of our work to achieve the milestones.

Among our 24 priorities we have plans to continue to expand our Patient Experience Advisor program, reduce wait times and reduce lengths of stay to name a few.

Improvement Priority Teams have been established for each of this year's improvement priorities that will oversee the work of mapping key processes, identifying opportunities for improvement and implementing improvement cycles to drive change more rapidly and effectively. One of the most exciting examples of this is our organization-wide effort to address the top sources of "gridlock," which results when patient flow is not working well in our hospital. Numerous Improvement Cycle Teams have been working all summer to come up with innovative and lasting solutions to the challenge of gridlock and will keep working until we've eliminated all preventable delays in the patient journey to, within and from KGH.

Our Q1 performance results are reported more fully in this document. 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 Master Performance Report on our website where you can see how each of the indicators has trended over the past five quarters and what actions are being taken to improve performance.

Thanks for your interest in KGH. Stay tuned, we're 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 Leslee Thompson
President and Chief Executive Officer



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

Engaging patients

Partnering with patients and families is what defines the KGH Way – it's how we're making steady progress toward our aim of Outstanding Care, Always. Over the past three years, our Patient Experience Advisor program has become embedded in the very fabric of our organization. Today, over 50 advisors are partnering with individuals and teams at KGH to help transform the patient experience in every facet of our organization.

This year, we will expand the scope of our Patient Experience Advisor Program by training advisors who are working with us to actively participate in the achievement of all improvement priorities identified in this year's annual corporate plan – maximizing the value they add and making them equal partners in planning, decision making and continuous improvement. In Q1, we developed an education program to train advisors in continuous improvement principles. To date, 13 advisors have signed up, six have completed the training, and three advisors are involved in improvement cycles addressing the top sources of “gridlock” in our hospital.

Eliminating preventable harm

People expect to feel safe and be free of harm during their stay at KGH. 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. We use a Safe Reporting tool that tracks adverse events such as incidents, errors and other patient safety issues so we can follow up and address the root causes, which will ultimately prevent those incidents from happening again. This year, we are using the data from this system to identify and address the top sources of preventable harm to patients including reducing the incidence of specimen collection errors, hospital acquired infections, medication fluid events and falls. Improvement cycle teams are in place to address each of these sources of harm.

These teams are actively mapping the processes involved in each of these areas and identifying specific opportunities for improvement that will be addressed in 30, 60 or 90-day improvement cycles, depending on the nature and complexity of the work involved. As of Q1, the number of new hospital acquired infections was at our target of 31 and we have not experienced an outbreak of *C. difficile* in over one year. We are approaching target on the remaining top three sources of preventable harm and expect to achieve these targets over the next two quarters.



Eliminating preventable delays

A patient's journey through KGH can be complex, with stops at many different departments, floors and specialized units. Because we want this journey to be as smooth and efficient as possible, we've made it a top priority to eliminate all preventable delays in the patient journey to, within and from KGH. We've set bold targets for decreasing avoidable admissions to our hospital, reducing wait times and lengths of stay and optimizing our hospital occupancy rate. We've made a lot of progress, but there's still much work to be done – a situation brought into sharp focus by the increasing frequency and duration of "Code Gridlock", called when there are significant delays in moving patients through the hospital to their intended destination. It's a complex problem with many contributing factors, among them, the design of our processes. In Q1, a group of 75 people came together from across our organization and from community partner organizations over two separate days and 10 hours to map the processes related to patient flow to, within and from our hospital and to identify specific causes of delay and opportunities for improvement. Through this exercise, 10 specific opportunities were identified and five of these were prioritized for immediate action. Improvement cycle teams are actively planning and implementing pilot improvement cycles across the organization. Once the new processes are refined and fully implemented, work will begin on the remaining five as well as additional opportunities for improvement to address the sources of delay until gridlock is eliminated and patient flow is working well.

KGH 2015 Outcome	2013/14 Milestones	2013-14 Improvement Priorities	Status
Patients are engaged in all aspects of our quality, safety and service improvement initiatives	KGH Patient Experience Advisors are trained and participate in the achievement of all improvement priorities	Expand the scope of the Patient Experience Advisor program	Green
All preventable harm to patients is eliminated	The top sources of preventable harm to patients are addressed	Reduce the incidence of specimen collection errors, hospital acquired infections, medication fluid events and falls	Yellow
All preventable delays in the patient journey to, within and from KGH are eliminated	The top sources of Gridlock are addressed	Reduce wait times	Yellow
		Reduce length of stay	
		Decrease avoidable admissions	
		Optimize occupancy rates	



Bringing to life new models of interprofessional care and education

Building on our interprofessional collaborative practice model

KGH is on a journey to partner with patients in everything we do. This is the foundation of our interprofessional collaborative practice model (ICPM), which features teams of health-care professionals working together to deliver patient- and family-centred care. This year, we are working to increase the adoption of patient- and family-centred care standards in every area of the hospital as appropriate to support everyone who works, learns or volunteers at KGH in using these tools and approaches consistently. In Q1, we identified five standard practices that we will support with education and monitoring throughout the year.

KGH 2015 Outcome	2013/14 Milestones	2013-14 Improvement Priorities	Status
Our Interprofessional Collaborative Practice Model (ICPM) is implemented in every clinical area with high ratings from patients, staff and learners	Patient- and family-centred care standards are consistently demonstrated throughout KGH	Increase adoption of patient- and family-centred care standards in every area	Green
KGH is recognized as a centre of excellence in interprofessional education			

These standards include, completing whiteboards in patient rooms to improve communication between care teams and patient families; wearing ID badges at chest level so names can be easily seen and read; using AIDET – a tool that guides staff to incorporate key customer service elements – it stands for “acknowledge, introduce, duration, explanation and thanks;” hourly rounding to ensure every patient is seen by a staff member every hour; and conducting Patient and Family Feedback Forums, which provide staff and physicians an opportunity to hear directly from recently discharged patients and family members about their hospital experience.

This direct feedback allows our staff to engage in continuous improvement cycles that address specific patient concerns. As part of the rollout of these standards, auditing tools are also being created to monitor compliance in each area of the hospital. Our goal is to achieve 80 per cent compliance for each standard practice in all clinical areas. The good news is that it is possible to achieve these standards now and many people are already meeting them. Our goal is to ensure that the patient experience is uniform across the hospital in pursuit of our aim of Outstanding Care, Always.

Cultivating patient-oriented research

Strengthening clinical research

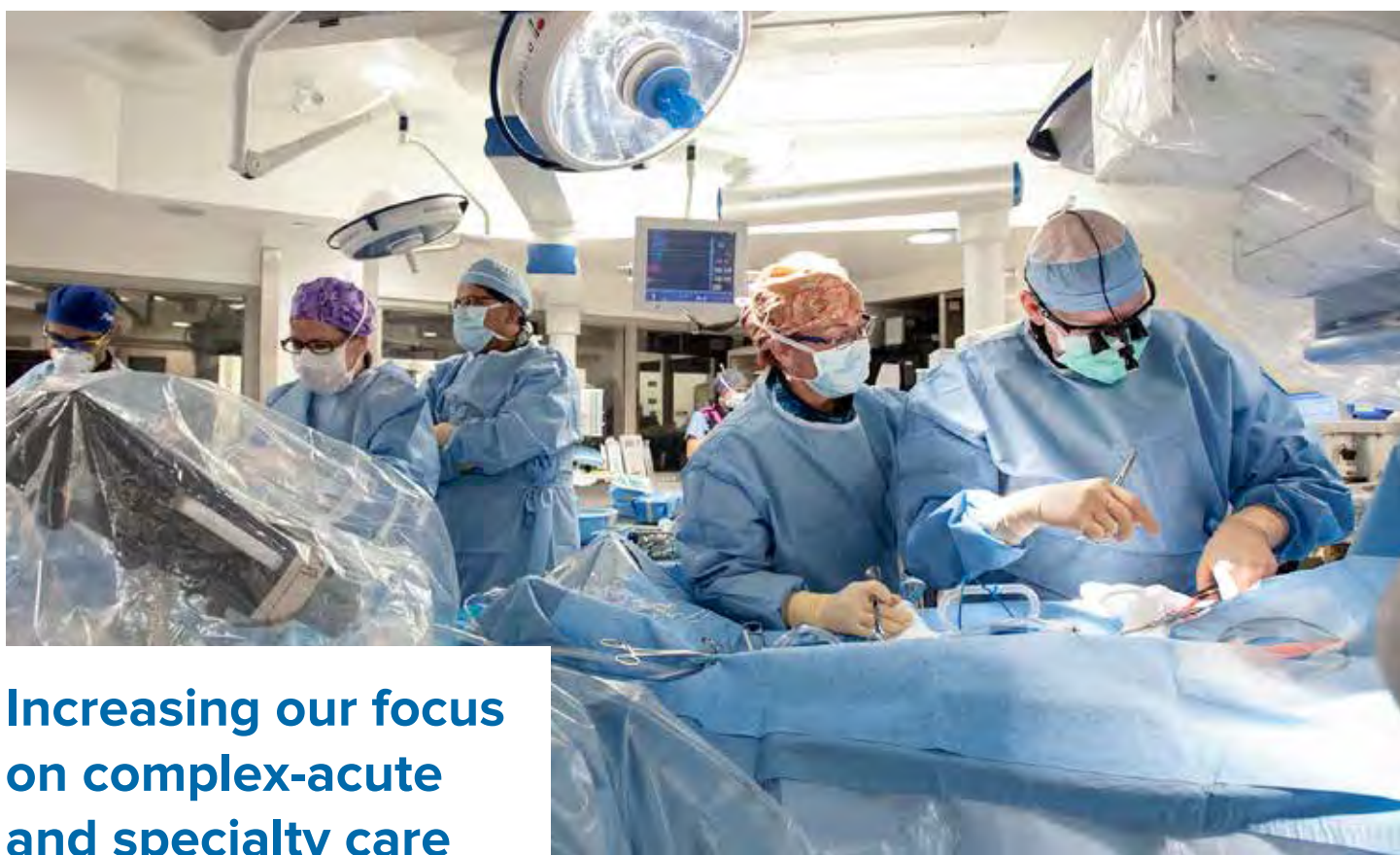
Patient-oriented research brings patient outcomes into sharper focus and is a hallmark of what we do at KGH. Over the past several years, we have made deliberate and impressive strides to position KGH as a globally competitive research enterprise. We established the KGH Research Institute as a platform to enable us to consolidate and realize our full research potential. We welcomed several new researchers to our new Centre for Patient-Oriented Research, and claimed the 23rd spot on the Research InfoSource list of Top 40 Research Hospitals. And, we've continued to grow peer-reviewed federal and provincial research funding despite the challenging fiscal climate.

KGH 2015 Outcome	2013/14 Milestones	2013-14 Improvement Priorities	Status
Externally funded research at KGH has increased by 50%	Externally funded research at KGH has increased by 45%	Advance the plan for a Kingston-wide health research enterprise Increase the profile of KGH research	Green

This year, in partnership with Queen's University and our local academic hospitals, we are focused on leveraging our combined strengths by creating a Kingston-wide health research enterprise. We are also stepping up our efforts to bring KGH research to the world.

In Q1, we completed a Knowledge Transformation strategy that will help us profile and share our knowledge through the development of innovative research communication and marketing tools, including a Research Institute strategic plan and website.





Increasing our focus on complex-acute and specialty care

Aligning and integrating health system services

KGH is an integral part of the broader health-care system, and we are working closely with other health-care organizations to develop a well-integrated system of care that meets the needs of patients today and into the future. This year, we are working with our health system partners to reduce the number of patients waiting for transfer to other facilities after receiving acute care at KGH. This will ensure our patients receive care in the most appropriate setting at the right time and help to free up our capacity to admit other patients requiring acute care. In Q1, a policy was developed, presented and accepted by health-system leaders across the SE LHIN while formal procedures for transfer of patients are in development. We are aiming to reduce the number of patients who are readmitted to hospital within 30 days of being discharged.

KGH 2015 Outcome	2013/14 Milestones	2013-14 Improvement Priorities	Status
KGH services are well aligned and integrated with the broader health-care system	Regional protocols for targeted patient populations are in place and reflect KGH's role	Reduce the number of patients waiting to transfer to other facilities	Yellow
Best evidence used to guide practice		Reduce 30 day readmission rates	
		Optimize practices to manage and deliver Quality Based Procedures	

This is an important indicator of treatment quality, discharge practices and follow-up care. We are also aiming to ensure that Quality Based Procedures (QBPs) are effectively delivered in our hospital. QBPs are a key feature of the Ministry of Health and Long-Term Care's health system funding reform and have been introduced in clinical areas that demonstrate significant opportunity

to introduce evidence into clinical pathways, reduce practice variation, attain cost efficiencies, and begin to align quality with funding. In Q1, we established QBP teams that have begun the work of analyzing the provincial QBP toolkit and our patient volumes in six clinical areas targeted for QBP implementation this year.

Enabling high performance

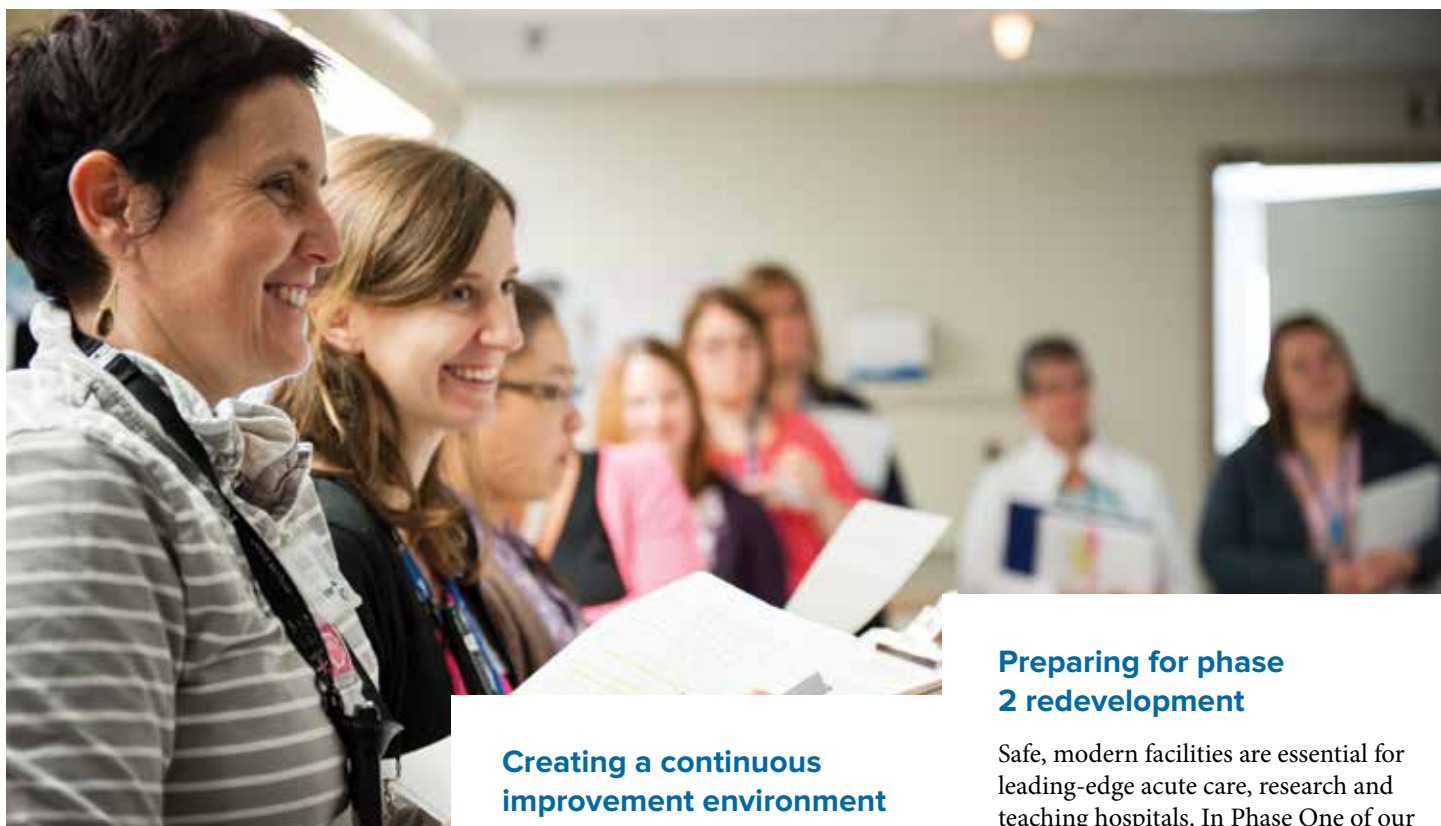
Improving staff engagement

Turning our hospital into a positive, dynamic and healthy workplace is a top priority. Patients and families benefit from Outstanding Care, Always when our people are engaged and working at their full potential. KGH is ranked among the top 18 health-care workplaces in Ontario and we are committed to getting even better. This year, we are focused on addressing the top opportunities for improvement in staff engagement by establishing employee and physician engagement action plans across

the organization and implementing a leadership development program to help leaders create effective engagement strategies with their staff. We began this journey in Q1 by implementing organization-wide employee and physician engagement surveys. Over a three-week survey period, an impressive 65 per cent of employees completed a survey, surpassing our target of 60 per cent, and 30 per cent of physicians completed a survey.

In the next phase we will be using the survey results across the organization to make improvements that will help make KGH one of the best places to work. The KGH leadership group will be taking part in special training workshops over the coming months to help them share the survey results with their teams and create engagement action plans aimed at strengthening and building engagement in every area of our organization.

Enabler	KGH 2015 Outcome	2013/14 Milestones	2013-14 Improvement Priorities	Status
People	KGH is designated as one of the best places to work	The top opportunities for improvement in staff engagement with KGH are addressed	Establish employee and physician engagement action plans at unit, program, department levels	Green
	Staff are engaged in all aspects of our quality, safety and service improvement initiatives		Implement leadership development program	
	All preventable harm to staff is eliminated	The top sources of preventable harm to staff are addressed	Reduce the incidence of musculoskeletal injuries, needlestick injuries, violence related (physical abuse) injuries and staff falls through the implementation of hazard recognition and control	Green
Processes	Continuous improvement environment created with consistent use of lean principles	Adoption of continuous improvement principles is increased	Apply PDSA improvement cycles to all improvement priorities in the annual corporate plan	Green
Facilities	Phase 1 redevelopment is complete, Phase 2 construction is underway and KGH has sufficient parking	Phase 2 redevelopment is advanced	Support Phase 2 redevelopment by developing a culture of philanthropy at KGH and obtaining approval for Stage 2	Yellow
			Improve internal hospital wayfinding	
Technology	Rapid transmission of information improves care and operational efficiency	Strategic technology projects are completed on time and on budget	Focus organizational project resources on strategic technology projects (staff scheduling system, automated drug cabinet project, lab order entry project, phase 3 Emergency Department Information System, participation in regional plan for IT systems)	Green
Finances	Our operating budget is balanced and we are able to allocate \$20 million a year to capital expenditures	Financial health is sustained	Implement approved clinical and operational efficiencies within the 2013-14 budget	Red
			Increase our capital spend to \$17.5 million	
			Prepare the organization to support Health System Funding Reform	
Communication	We continue to engage and report openly and regularly on our progress	KGH communication standards are consistently implemented across the organization	Build communication capacity with KGH leaders	Green
			Implement external engagement plan	



Providing a safe, healthy workplace

Workplace safety is a high priority at KGH, and we believe that safe staff equals safe patients. We actively monitor safety in our workplace through a comprehensive Health and Safety Scorecard that enables us to measure our performance on numerous dimensions of safety. In Q1, we met 18 of 20 of the scorecard indicators, surpassing our target of 16. In Q1, we also identified the top sources of preventable harm to staff including musculoskeletal injuries, needlestick injuries, violence-related incidence and staff falls. Improvement cycle teams are in place to identify root causes and opportunities for improvement to address each of these sources of harm.

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 are applying PDSA (plan, do, study, act) improvement cycles to all 24 improvement priorities in our annual corporate plan. As of Q1, 14 of the 24 improvement priorities were actively using continuous improvement principles and PDSA improvement cycles. This methodology will be applied to the remaining 10 improvement priorities as their teams take shape. In Q1, we also focused on putting supports in place to expand the use of continuous improvement including training for all improvement priority team members, a tool to help executive sponsors assess teams' progress, and a tool to track the implementation of PDSA improvement cycles over the year and share best practices.

Preparing for phase 2 redevelopment

Safe, modern facilities are essential for leading-edge acute care, research and teaching hospitals. In Phase One of our hospital redevelopment project, we added 170,000 square feet of new space and renovated an additional 143,000 square feet at KGH. This year, we're advancing our Phase Two redevelopment project, which includes plans for a brand new neonatal intensive care unit, labour and delivery facilities, labs and operating rooms. Planning for a redevelopment of this magnitude is a complex task. We made our Stage 1 submission to the Ministry of Health and Long-Term Care at the end of last year and require approval to advance to Stage 2. Based on their initial review of our Stage 1 submission, the Ministry has requested additional information related to city-wide surgical capacity and plans. We have engaged the SE LHIN to clarify this regional information and perspective in order to maintain the momentum of planning and to lessen the impact of delays in the approval process. As part of modernizing our facilities, in Q1 we installed new exterior wayfinding signs around the hospital to help patients, families and visitors quickly navigate and find their way into the hospital.

Improving care through technology

Keeping pace with emerging technology is essential in the business of health care. Over the past four years, we have built our financial capacity to invest in technological advances that help us to transform the patient, family and staff experience through a relentless focus on quality, safety and service. This year, we are dedicating resources to five strategic technology projects. Our staff scheduling system will centralize scheduling, increase efficiency and create capacity for front-line staff and managers so they can work at their full potential. Two important technologies will be in place on all inpatient units by the end of this fiscal year – automated drug cabinets, which have helped to improve medication safety on inpatient units where they were rolled out last year, and our lab order-entry system, which is helping to reduce patient risk related to specimen collection, improve efficiencies and deliver faster lab results. Phase three of our Emergency Department Information System (EDIS) will bring together all aspects of ED order flow and clinical documentation within one electronic system. This will reduce patient risks and inefficiencies associated with hybrid paper and electronic documentation of patient information. We are also participating in a regional plan to create a common health information system that will unify health information across all seven hospitals in the South East LHIN to improve communication, collaboration and enable seamless patient care. As of Q1, each of these projects is on track to be delivered as planned this fiscal year.



Sustaining financial health

We have made great strides to improve the financial health of our organization over the past four years by eliminating our operating deficit and generating the capacity to invest in the equipment, technology and infrastructure required to deliver Outstanding Care, Always. However, there is still work to be done. In Q1, we had a negative variance to our budget as a result of pressures such as lower than expected patient revenues, higher compensation and supply costs, several code gridlock events and an increase in high-cost procedures in neurosurgery and vascular surgery. In Q1, several initiatives were launched to address these pressures including an organization-wide effort to address the top sources of gridlock through a series of PDSA improvement cycles. While this work will continue throughout the year, we have already seen a marked reduction in costs and bed capacity issues in the beginning of Q2.

We also know we can still do better against benchmarks set by our peers. Managing operational efficiencies has become an ongoing part of the way we work. Led by a dedicated team including our performance management group, financial services and program leaders, we continue to identify opportunities to improve efficiencies across the organization and manage budget variances.

Engaging the KGH community of people

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've stepped up our efforts in a big way. As part of our plan to increase external engagement, in Q1 KGH hosted a national conference. *The Transforming the Patient Experience Knowledge Exchange* on May 9th and 10th brought together 300 people from across the country, representing both patients and a broad range of health-care professionals and organizations. Participants heard from global experts in patient- and family-centred care and shared information on how health-care providers have been embedding the patient voice into planning and decision-making activities to create a truly patient- and family-centred care environment. That conversation is continuing on our interactive post-conference website at kghconnect.ca/conference, which includes videos, presentations and discussion notes from the conference as well as live interactive conversations on transforming the patient experience.

We are also strengthening our internal communication system, which is vital to ensuring that everyone who works, learns and volunteers at KGH understands our environment and our strategy and is prepared to play a role in transforming the patient experience. This year, we are aiming to build communication capacity with KGH leaders by providing leadership communication-skills training to help our leaders translate our strategy into action and effectively manage change.

We hope you enjoyed your read of KGH This Quarter. Don't forget to check out the KGH Master Performance Report on our website at www.kgh.on.ca where you can see how each of our indicators has trended over the past five quarters and what actions are being taken to improve our performance. As always, your questions or comments are welcome. Stay tuned, KGH is on the move!

