

fiscal  
2013-2014 **Q2**  
2nd quarter ended September 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 second quarter ended September 30th and I'm pleased to report that 100 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.

Q2 is an important point in our overall planning and performance management cycle. It's a time when we do a deeper analysis of any performance issues and ensure our efforts are channeled in the right direction in order to achieve our annual milestone commitments. It's also a time when we begin to look ahead and plan for the next fiscal year, which this time represents the final year of our five-year strategy for achieving Outstanding Care, Always. This will be an important milestone for our organization, marking a time of remarkable transformation in every area of the hospital. Over the past four years, we have not only refreshed our physical buildings, technology and equipment, but we have fundamentally transformed the very way we partner with patients and families, and work together as teams to transform the patient and family experience through innovative approaches to care, knowledge and leadership.

As we begin to plan for the next five years of our journey toward Outstanding Care, Always, we will consolidate these gains, celebrate our successes and ensure we continue to position ourselves well for the opportunities and challenges that lie ahead.

We were particularly pleased this quarter to be celebrating another important milestone in our history – our hospital's 175th anniversary. This was a wonderful opportunity to welcome the entire KGH community of people to help us celebrate and recognize how our hospital has evolved over the years to meet the needs of our community and how we continue to do so.

Our Q2 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!

Sincerely,

*Leslee* 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

### 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. As of Q2, 14 advisors have signed up and 11 have completed the training. Those 11 advisors are actively working on 15 improvement cycle teams associated with addressing the top sources of Gridlock and the top sources of preventable harm to patients as well as the development and implementation of standards for patient- and family-centred care.





## 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 have completed the work of mapping the processes involved in each of these areas and identified specific opportunities for improvement that are currently being implemented. Of note, as of Q2, the number of new hospital acquired infections was 27, well below our target of 31. We are approaching target on the remaining top three sources of preventable harm and expect to achieve these targets by the end of the fiscal year. We also track many supporting indicators related to patient safety.

Of concern this quarter is hand hygiene compliance, which has fallen from green to red over the last four quarters. We are actively monitoring hand hygiene through a new compliance auditing system in all clinical areas and focused efforts are already underway to restore performance back to our target of 95 per cent. We achieved our best performance in five quarters with respect to compliance with our surgical safety checklist. All three phases of this important safety checklist were implemented in 99.6 per cent of the 2,155 surgeries that were performed in Q2.

## 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 “Code Gridlock”, which is called when there are significant delays in moving patients through the hospital to their intended destination. In Q2, there was one instance of Gridlock, down from 5 instances in Q1. Gridlock is a complex problem with many contributing factors, among them, the design of our processes. Over the past two quarters, we have mobilized our entire organization as well as our community partners to help map the processes related to patient flow to, within and from our hospital. This ‘value stream mapping’ exercise has enabled us to identify a total of 20 opportunities improvement in patient flow processes. Pilot projects have already been implemented, tested and rolled out by five different improvement cycle teams and more teams have been mobilized to address three additional opportunities for improvement in Q3 and Q4. We will continue to identify and address opportunities for patient flow process improvement until gridlock is eliminated and patient flow is working well. We also track many supporting indicators related to patient flow. Of note is the steady improvement in our emergency department wait times over the last three quarters. In Q2, 90 per cent of patients were admitted to an inpatient bed from our ED within 28 hours, just three hours over our target of 25 hours.

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	

This is an improvement of seven hours over Q4 of the last fiscal year. Of concern is the continued high number of patients who waited in our hospital to be transferred to an appropriate care setting. In Q2, an average of 47 patients per day waited for an alternate level of care, well above our target of 20.

Actions are underway to address this issue including discussions with patients and families about alternate choices for long-term care homes. The November opening of convalescent care beds in Napanee is expected to alleviate some pressure with respect to the number of patients waiting for alternate levels of care.



# 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 approaches consistently. We have identified five standard practices that we will support with education and monitoring throughout the year. The first four 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; 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 to help us identify opportunities for improvement that address specific patient concerns. The fifth standard was chosen in Q2 when a decision was made to adopt a successful model developed at the Cleveland Clinic called ‘Communicate with H.E.A.R.T.’ This is a customizable service excellence model created to help create the optimal environment for healing. It is a systematic approach that empowers employees to address both patients’ and colleagues’ concerns and questions, responding in a way so that the person feels he or she was responded to with care.

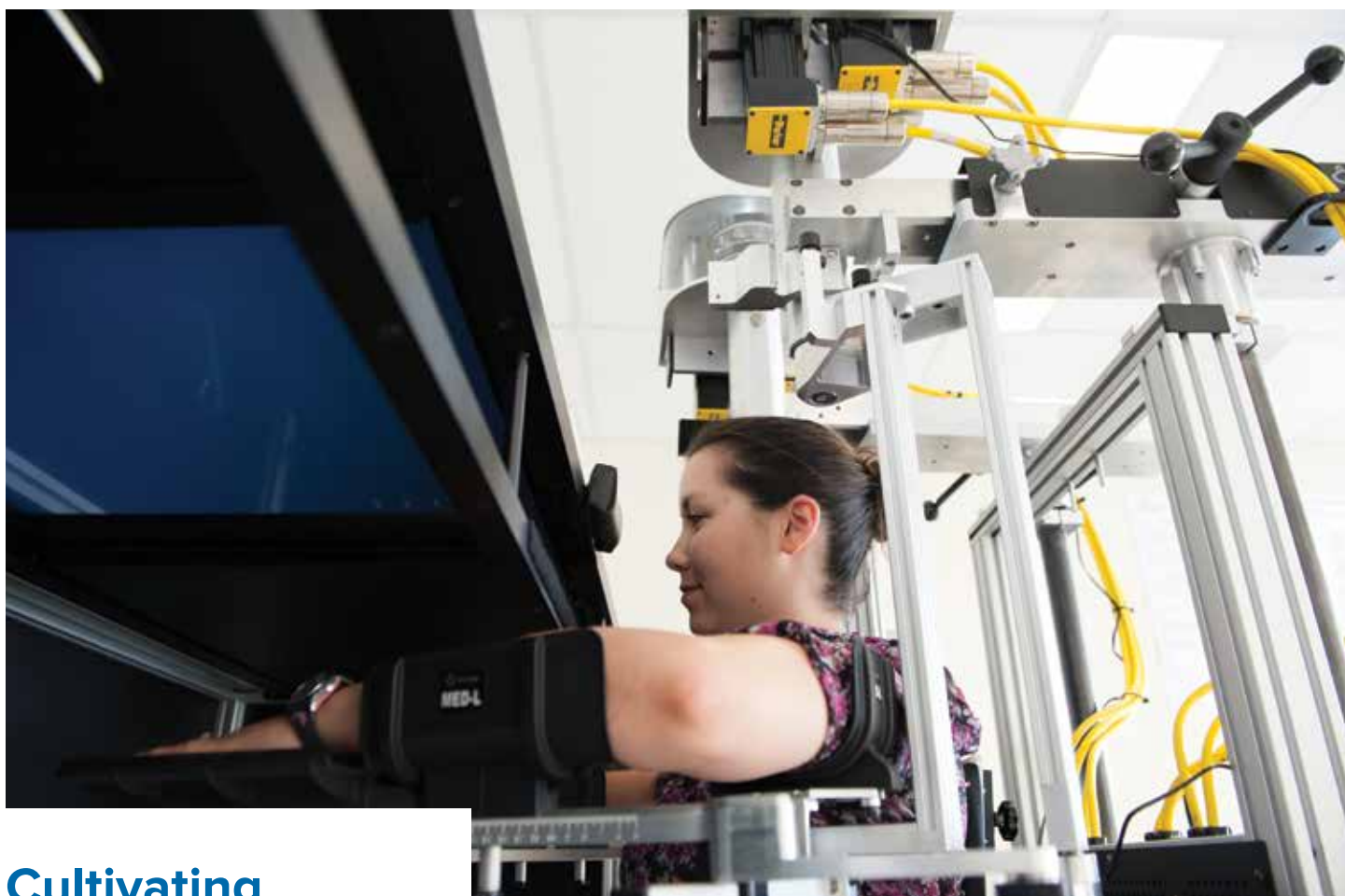
In Q2 we offered education to support consistent implementation of all five standards. We also developed an electronic auditing tool to monitor and identify opportunities to strengthen compliance with the standards in each area of the hospital. This will be rolled out in Q3 and our goal is to achieve 80 per cent compliance for each standard practice in all clinical areas by Q4.

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.



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			





## 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.

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	Yellow

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. As part of demonstrating the impact of this work, we are aiming to increase externally funded research at KGH by 50 per cent compared to our baseline external funding in fiscal 2009.

As of Q2, externally funded research has increased by 43 per cent, which is just two per cent shy of our targeted increase for this fiscal year. We anticipate we will meet this year’s target by the end of Q4.

# Increasing our focus on complex-acute and specialty care

## Aligning and integrating health system services

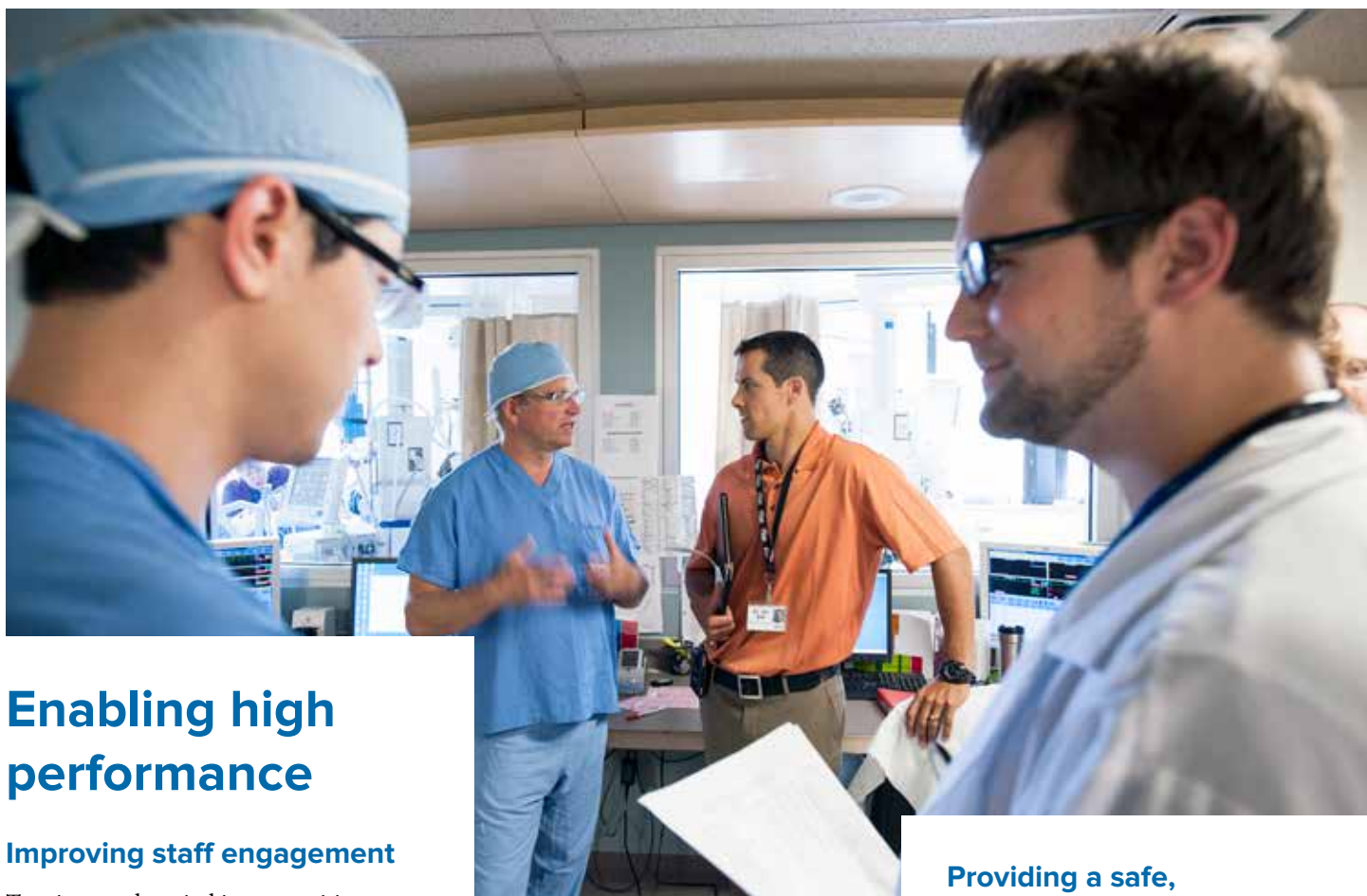
KGH is an integral part of the broader health-care system, and we are working closely with other health-care organizations to develop a well-integrated system of care that meets the needs of patients today and into the future. This year we are working with our health system partners to reduce the number 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 Q2, a transportation services proposal was approved and implementation of a new patient transfer service is imminent. We are aiming to reduce the number of patients who are readmitted to hospital within 30 days of being discharged. This is an important indicator of treatment quality, discharge practices and follow-up care. We are actively working with our partners in the Health Links initiative to ensure community supports are in place for recently discharged patients where appropriate. We are also aiming to ensure that Quality Based Procedures (QBP) 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 Q2, our QBP teams began to use the Ministry's QBP toolkit to analyze our patient volumes and define the data we are required to collect within six clinical areas targeted for QBP implementation this year. Additional QBPs will continue to be introduced in the coming years and they require a significant cultural shift.

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 new funding model reaches deep into the organization, right to the point of care and into our front-line processes. In addition to preparing for the implementation of specific QBPs, our teams are also focused on providing leadership and education as well as creating standard procedures for QBP implementation to support the adoption of this fundamentally new way of delivering health services.





## 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. 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 expanding the 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 64 per cent of employees completed a survey, surpassing our target of 60 per cent. In Q2, we began the work of using the survey results to make targeted improvements by sharing both corporate results and team results with KGH leaders.

Beginning in Q3, all KGH leaders will participate in Taking Action training workshops focused on essential skills and practical tools for engaging and retaining talent. The training and a complimentary Targeted Talent Solutions resource website will help our leadership group share the survey results with their teams and create specific engagement action plans aimed at strengthening and building engagement in every area of our organization.

One of the indicators we monitor related to staff engagement is sick time. In Q2, our average sick days per employee per year rose for the fourth straight quarter to 11.5 days against our target of 10.5. In Q3, we are stepping up our health and wellness activities including the promotion of on-site fitness classes and programs targeting mental health, smoking cessation and weight watchers.

### 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 Q2, we met 13 of 20 of the scorecard indicators against our target of 16. This year, we are aiming to address the top sources of preventable harm to staff including musculoskeletal injuries, needlestick injuries, violence-related incidence and staff falls. In Q2, an improvement cycle team reviewed current practices for preventing violence in the workplace and revised our Behavioural Crisis Alert process for communicating incidents of patient violence. A team is also actively looking at the factors associated with needlestick injuries, which rose sharply from 9 in Q1 to 17 in Q2.

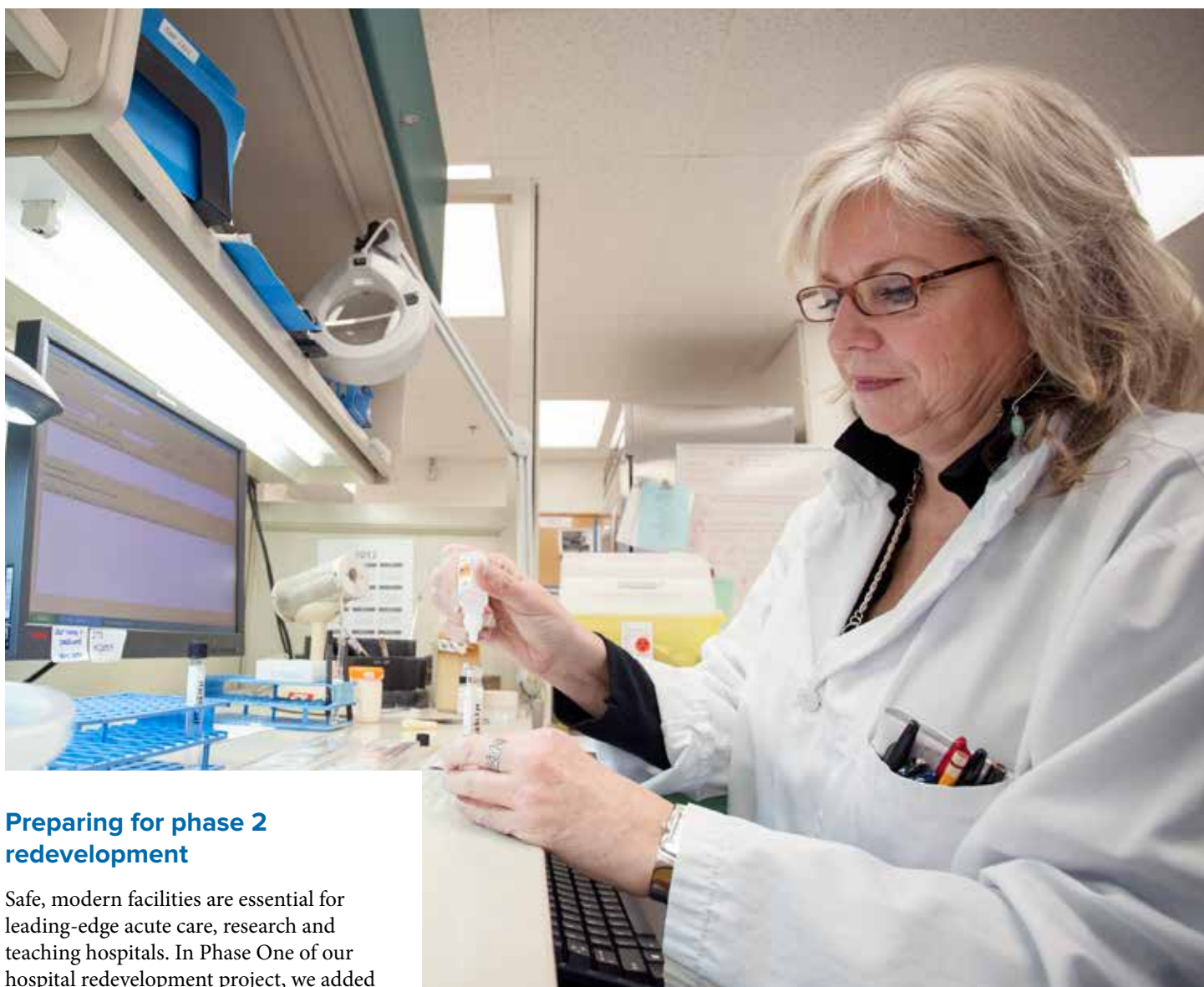
## Creating a continuous improvement environment

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 Q2, 17 of the 24 improvement priorities were actively using continuous improvement principles and PDSA improvement cycles up from 14 in Q1. This methodology will be applied to the remaining 7 improvement priorities as their teams take shape. In Q2, we provided Introduction to Continuous Improvement training to improvement priority team members, including participating Patient Experience Advisors. A total of 64 staff members and 10 advisors were trained in Q2.

We launched an interactive and searchable PDSA library to track the implementation of PDSA improvement cycles over the year and share best practices. We also worked with the executive sponsors of each of our improvement priorities to ensure they have continuous improvement knowledge and skills required to oversee and support the implementation of improvement cycles with their teams.

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	Yellow
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	Green
			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	



## 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 requested additional information related to city-wide surgical capacity and plans.

In Q2, the SE LHIN confirmed the nature of the work required by the Ministry. Our Joint Planning Office prepared an approach and secured a proposal to complete the required report. We are hopeful that we will still obtain Ministry approval for Phase Two redevelopment in this fiscal year. As part of modernizing our facilities, in Q2 we built on the completion of our external wayfinding project by commencing preparation of our internal wayfinding plan to help patients, families and visitors quickly navigate and find their way into and around 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 Q2, 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 support Outstanding Care, Always. However, there is still work to be done. In Q2, we had a positive variance to our budget. While the overall results are positive, this is largely due to higher than expected employee vacancies, and there continues to be negative pressures from lower than expected patient revenues and higher costs related to inpatient activity, emergency department and environmental services as well as medical/surgical supply cost increases. In Q2, we began preparation of our 2014-15 budget, including detailed exploration of our financial plans. This will help us to address ongoing variances and build a sustainable balanced budget for the coming fiscal year. As of Q2, we are projecting to end this fiscal year with a small operating surplus.



## 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. As part of our plan to increase external engagement, in Q2 we hosted a community celebration to commemorate our 175th anniversary. About 300 people gathered in Macdonald Memorial Park to hear guest speakers, see a short video of snap-shots from our history, enjoy cake and take part in a special commemorative photograph of everyone arranged into the shape of a giant '175.' We are also increasing external engagement through plans to renew our web communication tools. In Q2, we reviewed vendor proposals to create new external websites for KGH, the KGH Research Institute and the South East Regional Cancer Program,

as well as a new intranet that enhances communication with and between our staff, physicians, volunteers and learners. We expect to secure a web development vendor and begin this work in Q3.

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.

In Q2, we completed development of our leadership communication training module and will deliver the training over Q3 and Q4.

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](http://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. You can also join the conversation with KGH at [www.kghconnect.ca](http://www.kghconnect.ca) As always, your questions or comments are welcome. Stay tuned, KGH is on the move!