

fiscal
2013-2014 **Q3**
3rd quarter ended December 31, 2013

KGH this quarter



Kingston
General
Hospital

Outstanding care, always



CEO Update

Welcome to KGH This Quarter, our quarterly report on progress towards our Annual Corporate Plan and our long-term strategy for achieving Outstanding Care, Always. Our third quarter ended December 31st and I'm pleased to report that 85 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.

From the vantage point of Q3, we know we will not solve some of our toughest challenges by year-end. For example, patient flow continues to be a challenge and the number of patients waiting in our hospital to receive alternate levels of care is simply too high. However, I am encouraged by the discussion and collaboration that is taking place with our regional hospital partners and the Community Care Access Centre who are working together with us to help improve patient flow on a regional basis. I am also proud of the tremendous improvement initiatives that are underway with our staff members who continue to provide outstanding care to patients and families while dealing with the ongoing challenges. Our collective efforts are making a difference and we are committed to staying the course on the work that is underway, which has us firmly on the path to achieving the outcomes we set for ourselves in our KGH 2015 strategy, such as eliminating all preventable delays in the patient journey to, within and from KGH.

Q3 is a time when we look ahead and plan for the coming year. Our annual corporate planning process is tightly aligned with the creation of our budget and our Quality Improvement Plan.

We also look closely at the results of our employee, physician and patient surveys, risk assessments, accreditation results, quality of care reviews and, of course, our current performance. We look at trends in the feedback we receive, identify specific opportunities for improvement and ensure that these are addressed in our Annual Corporate Plan for the coming year. At the same time, we factor in issues and changes in our environment to ensure our plans position us to respond to the changing health-care landscape and fulfill our commitments to provincial initiatives such as Health System Funding Reform, as well as working with our community partners to strengthen regional health-care through initiatives such as Health Links.

Our Q3 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 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

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

Engaging patients

Partnering with patients and families 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, 55 advisors are partnering with individuals and teams at KGH to help design improvements that will transform the patient experience in every facet of our organization. This year, we are expanding the scope of our Patient Experience Advisor program by engaging advisors to actively participate with us in the achievement of all improvement priorities identified in this year’s Annual Corporate Plan.

As of Q3, 12 advisors have completed the same continuous improvement training that our staff members receive. Those advisors are now working on 16 of 17 improvement cycle teams. In Q3, there was continued interest in our work with patient experience advisors, including profiles of our program across the country on the CBC radio program White Coat, Black Art and on CBC radio and television in New Brunswick. Related to this work, we actively monitor our patient satisfaction survey results.

While our overall patient satisfaction is 95 per cent, better than the Ontario Teaching Hospital average of 93.5 per cent, we are sensitive to a slight downward turn in the specific dimensions of care measured by the survey. We anticipate that many of the initiatives underway with Patient- and Family-Centred Care Standards, patient flow and food services will result in improved patient satisfaction.



Eliminating preventable harm

People expect to feel safe and be free of harm during their stay at KGH. Given the complexity of the care and service we provide 24 hours-a-day, seven days-a-week, adverse events can and do occur, so our processes for response to all reported adverse events is crucial. 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 specimen collection errors, hospital-acquired infections, medication fluid events and falls. Improvement cycle teams are actively working to address each of these issues. As of Q3, the number of new cases of hospital-acquired infection was 20, well below our target of 31. Of note, our *C. difficile* rate continues to decrease, as it has over the last three quarters, and we have not had an outbreak of this infection in 20 months. While our infection rates were positive, our hand hygiene compliance rate decreased.

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	Red
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	

In response, we are renewing our efforts to make compliance rates visible by posting them in every unit, ensuring consistency with auditing and continuing education for staff. In Q3, there has been minimal impact from improvement cycles addressing specimen collection errors and medication fluid events and these are being revisited to assess and refine the focus of the work to make improvements. We saw an increase in reported falls in Q3 and our Falls Prevention Committee is currently implementing recommendations made as a result of the investigation and debriefing of the incidents.



Eliminating preventable delays

A patient’s journey through KGH can be complex, with stops in 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 Q3, there were three instances of Gridlock, down from five in Q3 of last year. However, the duration of Gridlock has varied from 1 to 8 days, and can have an enormous impact on patients, families and staff. 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 improvement opportunities in patient flow processes. Of these, eight are being actively addressed, with three fully implemented and moving into the sustainability phase of the work. The most recent improvement cycles have been undertaken specifically to focus on our allied health consultation, discharge prediction and planning processes and are expected to positively impact our length of stay and reduce readmissions to hospital following discharge.

There is also program specific work being done to support patient flow. The Emergency Program is implementing a Rapid Assessment Zone to provide expedited assessment, diagnosis, and discharge to moderately ill individuals. With each Code Gridlock, our Patient Flow Task Force continues to review and determine contributing factors so they can be captured and addressed in our ongoing continuous improvement work.

We are concerned with the high number of patients who waited in our hospital to be transferred to an appropriate care setting. In Q3, an average of 45 patients per day waited for an alternate level of care, well above our target of 20.

Actions to address this issue include discussions with patients and families about alternate choices for long-term care homes, and collaborating with our regional hospital partners and the Community Care Access Centre to help enable access to rehabilitative, convalescent and long-term care in the community. We continue to raise awareness at the South East Local Health Integration Network and work with regional partners to address this system challenge.



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. These forums provide staff and physicians with 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 modified 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 foster 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. We are planning to implement a ‘train the trainer’ session

in Q4 to support our H.E.A.R.T. model education program, which will be delivered throughout the organization in the coming fiscal year.

In Q3, we launched a process for auditing the adoption of patient- and family-centred care standards and our first audit was completed in December. Initial results were encouraging with four of the five standards exceeding 80 per cent against our target of 100 per cent. Compliance with our identification badge policy was 74 per cent. These results have been shared with leaders and managers, and at professional practice forums for follow up with staff to highlight opportunities for improvement. 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 have welcomed 10 new clinician scientists through the SEAMO Clinician Scientists Recruitment Program, and claimed the 22nd spot on

the Research InfoSource list of Top 40 Research Hospitals in Canada in 2013. In Q3, KGH accepted a special gift when the W. J. Henderson Foundation announced that it is donating \$1 million to support a state-of-the-art research facility at KGH, which will be called the W. J. Henderson Centre for Patient-Oriented Research. The centre will span 9,000 square feet and will increase clinical research space at KGH by 25 per cent.

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 aiming to increase externally funded research at KGH by 50 per cent by 2015 compared to our baseline external funding in fiscal 2009. As of Q3, 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 the KGH 2015 outcome in the coming year.

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

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 Q3, a non-urgent transportation services contract was finalized, paving the way for the implementation of a new regional non-urgent patient transfer service that is expected to improve patient flow to and from KGH. We are also 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 (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 Q3, our QBP teams continued to use the Ministry's toolkits to analyze our patient volumes and define the data we are required to collect within six clinical areas targeted for QBP implementation.

A QBP steering committee has been created to provide oversight and guidance to the QBP process. This will help foster a cultural shift as the organization adapts to this new funding model, which reaches deep into the organization, right to the point of care and into our front-line processes. Our teams are 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.



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	

Enabling high performance

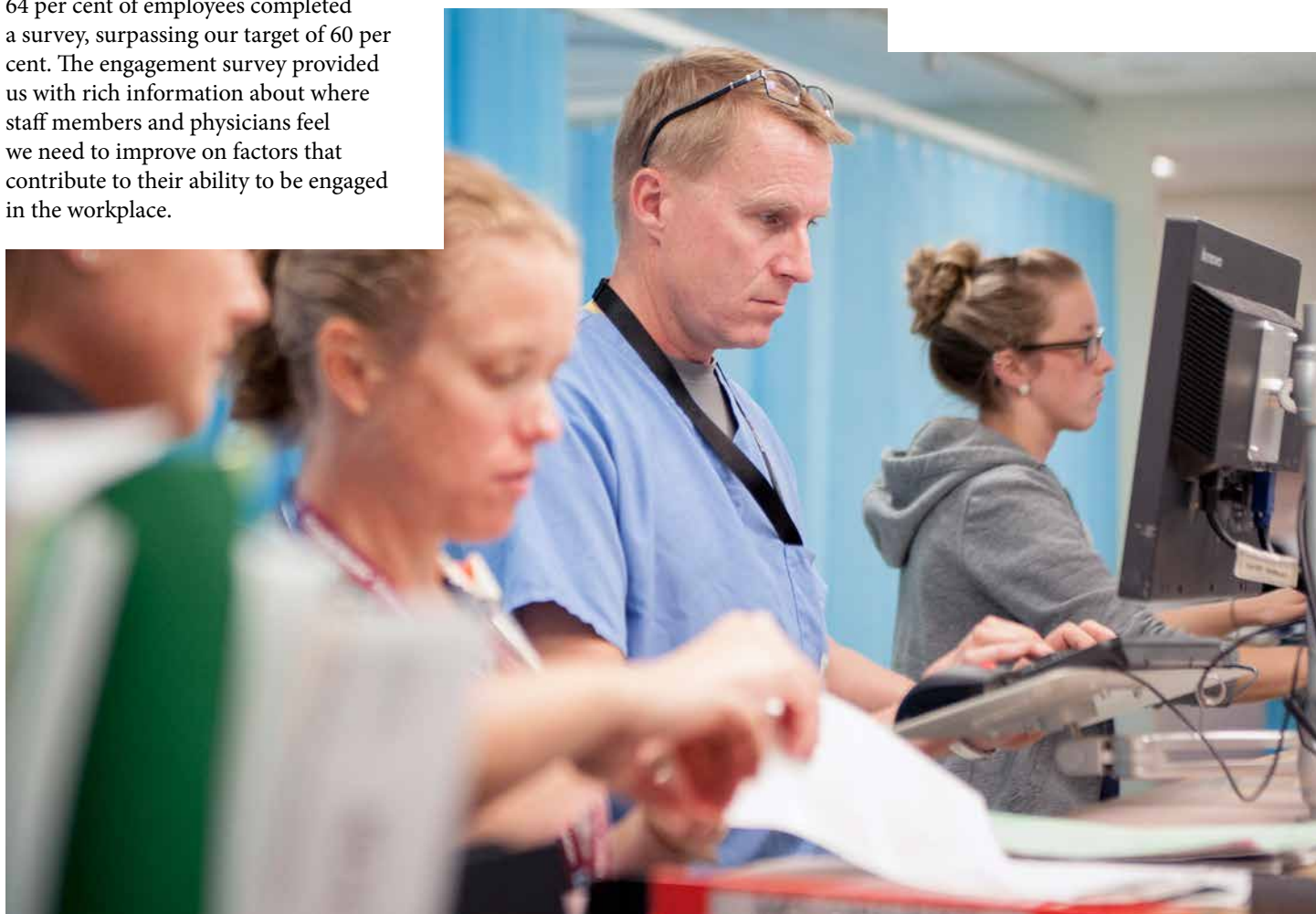
Improving staff engagement

Turning our hospital into a positive, dynamic and healthy workplace is a top priority. When our people are engaged, working at their full potential and satisfied, patients and families also benefit. 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. The engagement survey provided us with rich information about where staff members and physicians feel we need to improve on factors that contribute to their ability to be engaged in the workplace.

Four key corporate-level themes emerged from the survey as opportunities for improvement including recognition, communication, wellness and career development. In Q3, we began using these results to inform our Annual Corporate Plan and our tactics for the coming fiscal year to ensure we address these opportunities for improvement. We have already started to address some issues by redesigning our staff recognition program and offering communication workshops to leaders as part of their Taking Action engagement training, which focused on essential skills and practical tools for communicating with, engaging and retaining talent.

By Q4, our entire leadership group will have shared the survey results with their teams and all teams will have created 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 Q3, our average sick days per employee per year rose for the fifth straight quarter to 11.78 days against our target of 10.5. While we are making improvements with our health and wellness activities, we are not seeing a positive impact reflected in our sick time indicators. In Q4, a committee was created to review current attendance management processes and make recommendations.

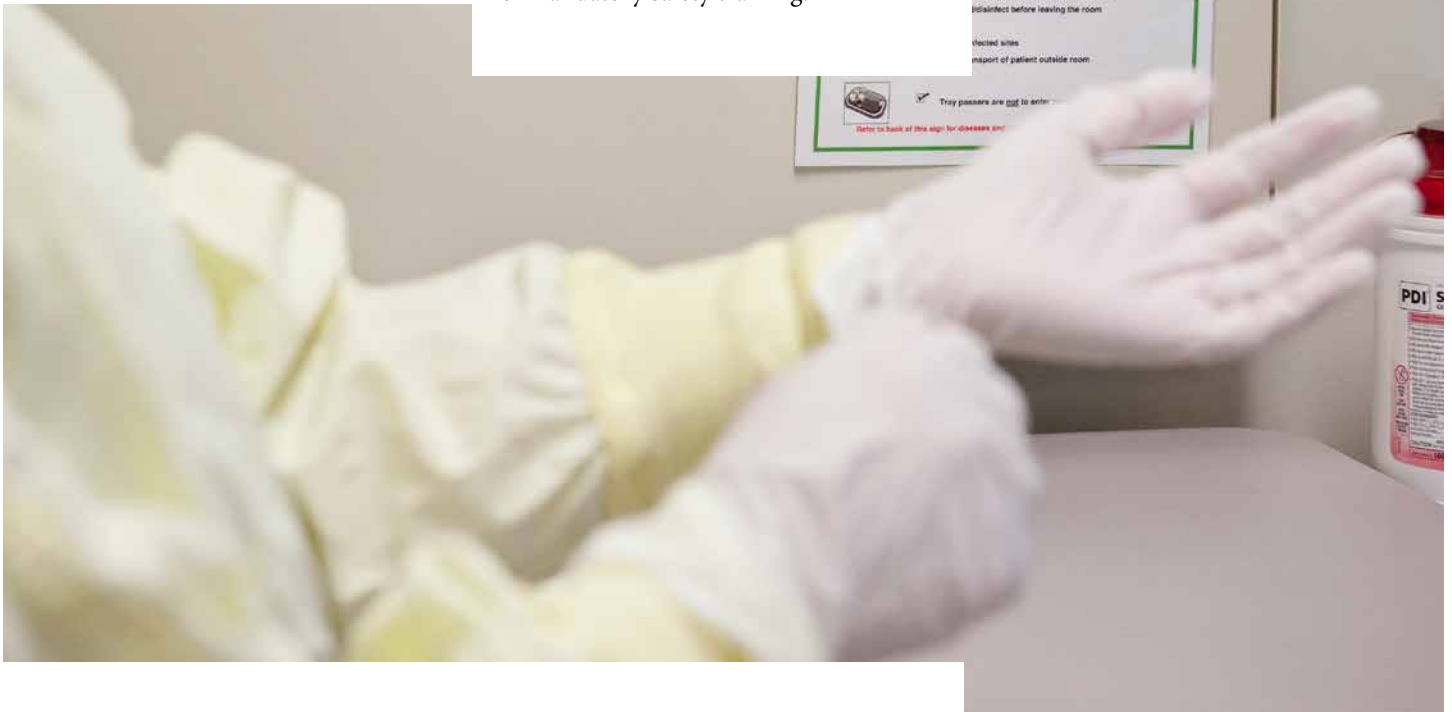


Providing a safe, healthy workplace

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 Q3, we met 14 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, needle-stick injuries, violence-related incidents and staff falls.

In Q3, we reconfigured our Safe Reporting tool to improve data collection and make it easier for leaders to follow up on incident investigations, which has historically been a challenge. The tool is also designed to generate reports that can point to improvement opportunities that will help reduce incidents, the severity of incidents and overall risk within the hospital. In Q3, we also identified new factors contributing to needle-stick injuries and will roll out a new syringe and safety training as a result. Other areas of concern in Q3 were compliance with safety-mask fit testing and completion of mandatory safety training.

We are following up with managers to enable staff time to complete these tasks. Of note, KGH received a \$460,000 NEER rebate from the Workplace Safety Inspection Board, reflecting our improved performance on reducing injuries and improving back-to-work efforts over the previous four years.

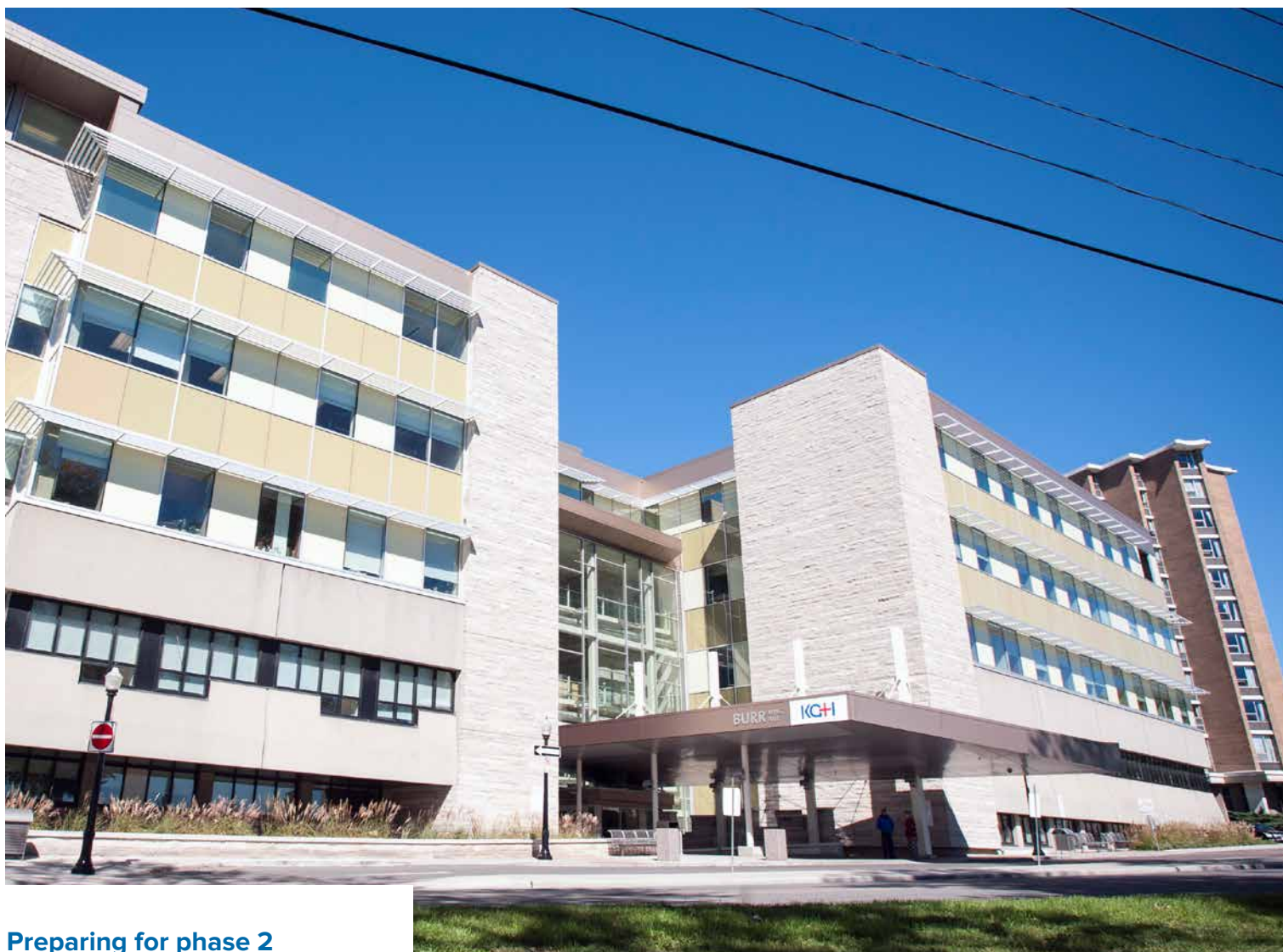


Creating a continuous improvement environment

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 Q3, all 24 improvement priorities were using continuous improvement principles and PDSA improvement cycles, up from 17 in Q2. Over the course of the year, we have provided Introduction to Continuous Improvement training to improvement priority team members, including participating Patient Experience Advisors. We have 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. In Q3, we focused our continuous improvement work on eight improvement cycles aimed at addressing the top sources of Gridlock in our organization.



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. This work is in progress and we expect to submit the surgical plan some time in March. We do not anticipate receiving approval of our Stage 2 redevelopment submission by the end of this fiscal year as the Ministry will need time to review and consider the detail of the surgical plan.



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 in areas 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 Q3, 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 Q3, we had a positive variance to our budget of \$2.8 million.

While the overall results are positive, this is largely due to vacancies in several areas of the hospital and this impact is slowing as we have continued to fill positions. In Q3, we continued preparation of our 2014-15 budget, including detailed exploration of our financial plans to help address ongoing variances and build a sustainable balanced budget for the coming fiscal year. As of Q3, we are projecting to end this fiscal year with a small operating surplus.

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	Red
			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)	Yellow
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	



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 increasing engagement with the entire KGH community of people, we are renewing all of our web communication tools. This includes new external websites for KGH, our 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 are now expecting to secure a web development vendor and begin this work in Q1 of the coming fiscal year.

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 Q3, we completed development of our leadership communication training module and delivered three workshops

to 91 per cent of KGH leaders with plans to deliver a fourth workshop in 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, 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. As always, your questions or comments are welcome. Stay tuned, KGH is on the move!