

fiscal 2014-2015 **Q1**
1st quarter ended June 30, 2014

KGH this quarter



Kingston
General
Hospital

Outstanding care, always



CEO Update

Welcome to *KGH This Quarter*, our quarterly report on the progress we are making to meet the aims of our annual corporate plan and long-term strategy for achieving Outstanding Care, Always. Our first quarter ended June 30th and I'm pleased to report that 67 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 11 outcomes and 27 targets this year, which are linked to the indicators we monitor each quarter. Tight corridors of performance are identified and we rank our progress on each indicator as red, yellow or green.

This year, we've set the bar particularly high. As the final year of our KGH 2015 strategy, we are focused on achieving the bold outcomes we committed to four years ago. We know we will not solve some of our toughest challenges by year-end. Challenges such as eliminating all preventable delays in the patient journey to, within and from KGH and eliminating all preventable harm to patients cannot be solved by us alone.

I am excited about a new level of discussion and collaboration that is taking place with our health system partners throughout the region. We are working together to improve access to seamless, high quality care for the residents of southeastern Ontario, now and in the future. As we consolidate our achievements against our KGH 2015 strategy and start to think about what the next frontier towards Outstanding Care, Always might look like, we are doing so in the company of committed hospital, academic and health service partners who share our passion for transforming the patient experience.

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 Strategy 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:

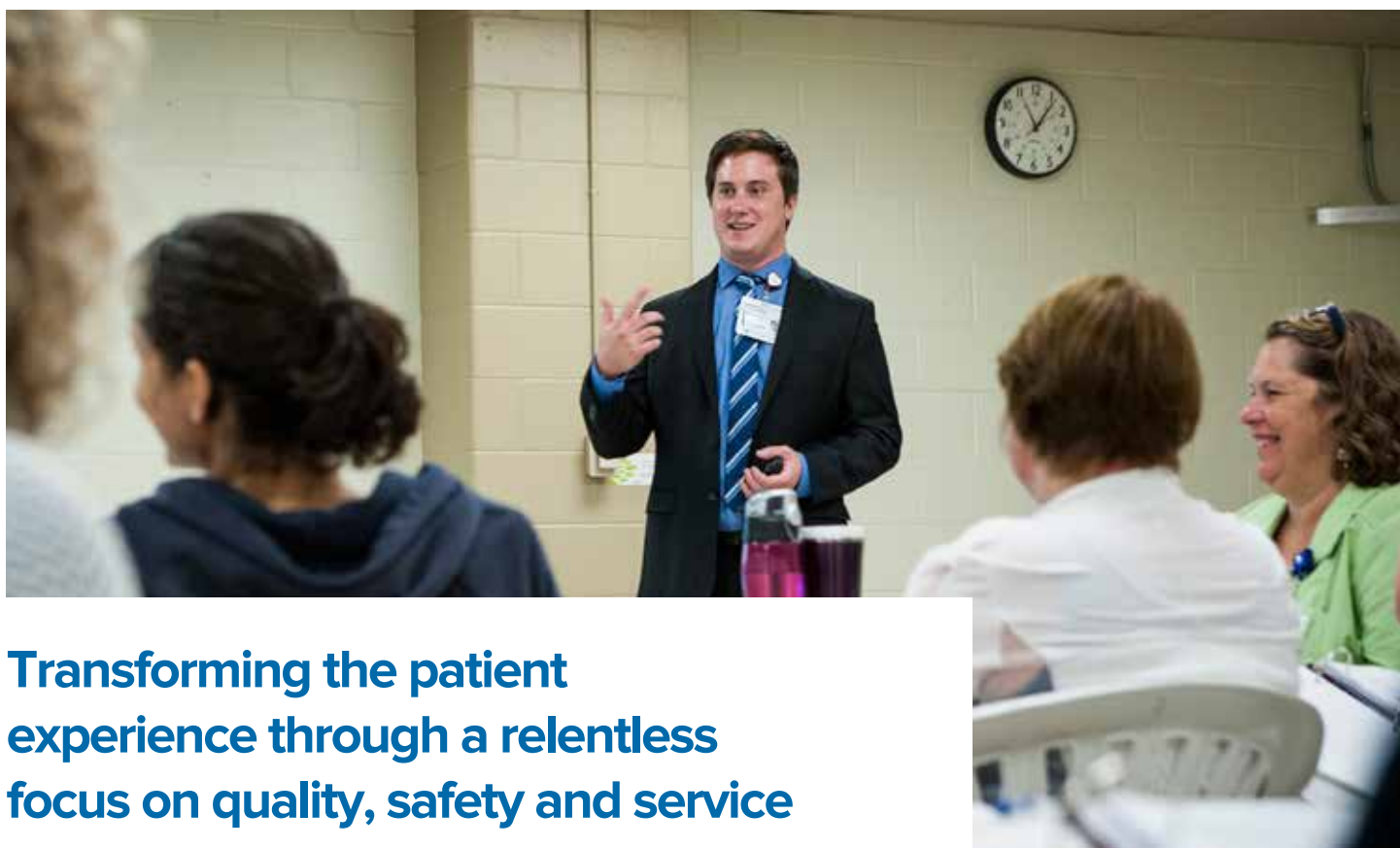
Status	Meaning
Green	On target
Yellow	Approaching target. Requires attention
Red	At risk. Focused review and action planning underway



To read more about strategy and performance at KGH, visit us online at www.kgh.on.ca

Sincerely,

Leslee 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. For the past four years we have been working towards an inclusive environment that puts patients and their families at the table for all decisions that influence the patient experience at our hospital. As of Q1, there are over 60 Patient Experience Advisors embedded within our programs, committees and project teams.

This year we are looking to increase overall patient satisfaction from 95 per cent to 97 per cent. To help us achieve this, we are rolling out the Communicate with H.E.A.R.T. training program that aims to improve how we communicate with our patients, their families, and each other. Created by the Cleveland Clinic and customized to reflect the unique culture and values of KGH, it is a health-care focused service model that empowers people to address and respond to questions in such a way that each person feels he or she was truly heard.

The H.E.A.R.T. program helps everyone understand the nine service behaviours that support positive and productive interactions. This model will provide all hospital staff, along with volunteers and physicians, with the practical knowledge to help them address patient concerns. It will also help staff to communicate with patients, families and co-workers with empathy.

This year, our aim is to train 500 people in the H.E.A.R.T. program. As of Q1, 41 staff, Patient Experience Advisors and volunteers were trained by experts from the Cleveland Clinic on how to implement and train others on the model. They in turn have been busy since September training their peers in the model and starting in January 2015 the H.E.A.R.T. program will be included in our employee orientation training program.

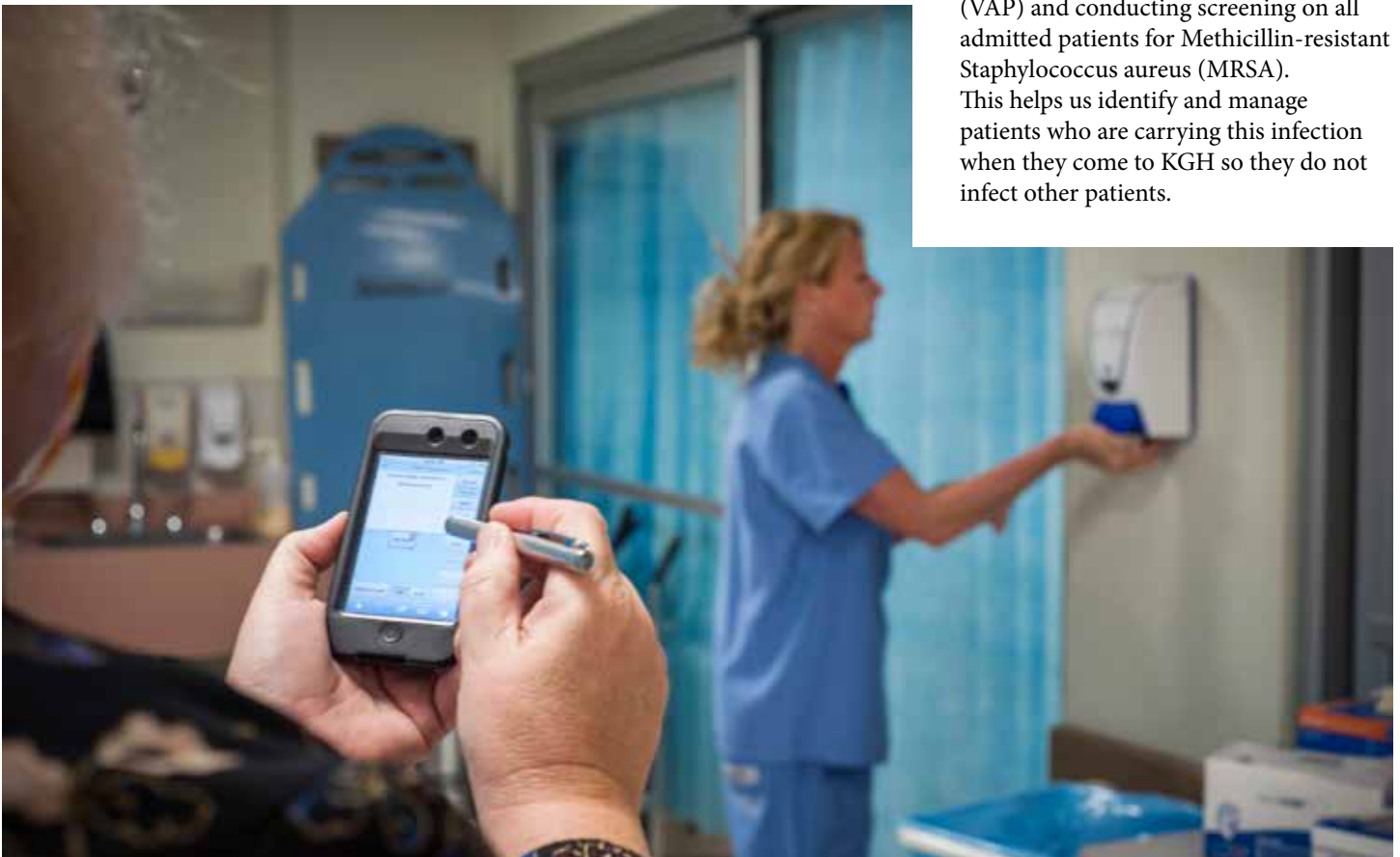
Eliminating preventable harm

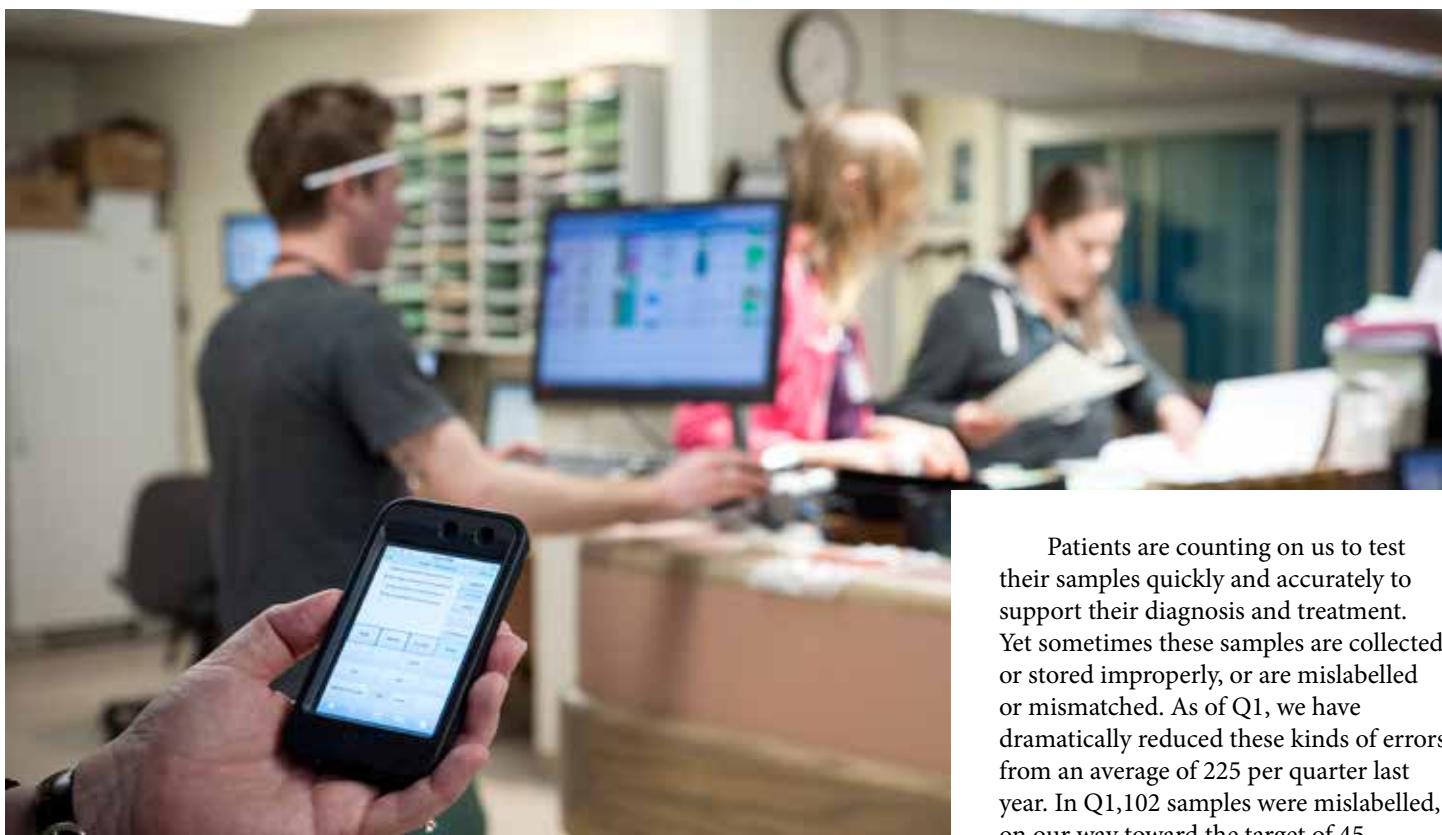
People expect to feel safe and be free of harm during their stay at KGH. Given the complexity of the care and service we provide 24-hours-a-day, seven-days-a-week, adverse events can and do occur. This year, we are aiming to further reduce the incidence of hospital-acquired infections, unnecessary deaths in hospital, specimen collection errors, medication events and falls.

In Q1, we continued to see a decline in the number of people who acquired *C. difficile* in our hospital – this quarter, an average of 2 patients per month acquired *C. difficile*, down from an average of 5 patients per month in Q4 of the past fiscal year. This is the lowest rate we have seen in the past five quarters and we have not experienced an outbreak of *C. difficile* in over two years.

The single best way to prevent hospital-acquired infections in a health-care setting is for care providers to simply wash their hands. This year, we are continuing to conduct monthly hand-hygiene audits in all clinical areas to track how often providers wash their hands before and after contact with a patient and posting those results in all patient care units. Over the last several years, our hand hygiene compliance has hovered around 90 per cent and has been as high as 95 per cent. This quarter, our performance has slipped to 80 per cent against our target of 95 per cent, which is a significant drop from this time last year. In response, our Infection Prevention and Control team is implementing an improvement plan that includes increased accountability and continuing education for staff. The early results of this plan are encouraging. As of July/August, our hand hygiene results improved to 84 per cent.

To track the number of unnecessary deaths in hospital, we measure in hospital mortality within five days of major surgery and the Hospital Standardized Mortality Ratio (HSMR), which is an overall quality indicator used by acute care hospitals in Canada. Our target on this indicator is for our HSMR to be deemed “insignificant,” which means there is no difference between our hospital’s mortality rate and the overall average rate. Our performance on both of these measures is positive. We continue to conduct regular reviews of in-hospital mortality in all KGH clinical departments so that we can understand the causes of deaths that occur in our hospital. Where those deaths are unexpected, we use mortality reviews to identify opportunities for improvement. We are also working on two tactics related to preventing unnecessary deaths, including applying prevention protocols for Ventilator Acquired Pneumonia (VAP) and conducting screening on all admitted patients for Methicillin-resistant Staphylococcus aureus (MRSA). This helps us identify and manage patients who are carrying this infection when they come to KGH so they do not infect other patients.





Medication safety is top priority to help eliminate all preventable harm to patients. This year, we are aiming to ensure all patients receive a best possible medication history (BPMH) when they are admitted and to reduce medication errors. In Q1, 74 per cent of patients had a BPMH taken upon their admission up from 65 per cent at Q1 of last year. This helps to inform care plans for patients and ensure safe, effective prescription of medications. We are creating a medication reconciliation policy to help expand the adoption of this important practice. This will help inform the care plan of a patient and support our focus on quality, safety and service. We also continued to install automated drug dispensing cabinets throughout the hospital. These cabinets improve efficiency, enable access to a wide variety of drugs at a moment's notice and control the administration of drugs to prevent incorrect or unnecessary drug use. This year, we are aiming to reduce medication incidents specifically related to the administration of morphine and hydromorphone.

In Q1, there were 27 reported incidents related to these two medications, which is above our target of 12. We expect that the continued rollout of the drug cabinets and additional work of the Medication Safety Committee will result in improvements by year-end.

Falls are one of the top three sources of preventable harm to patients at KGH. This year we are aiming to eliminate patient falls that result in moderate or severe harm. To achieve this we delivered education on two programs. The Falling Star program helps staff identify patients at risk of a fall so they know that extra care is needed. The MOVE-ON ARTIC program keeps elderly patients mobile to prevent loss of muscle strength, which puts them at an increased risk of falling. Education on both programs was successfully delivered to implementation teams in all clinical areas. In Q1, we did have one fall that resulted in a patient requiring medical intervention and an extended length of stay, down from three patient falls in the previous quarter.

Patients are counting on us to test their samples quickly and accurately to support their diagnosis and treatment. Yet sometimes these samples are collected or stored improperly, or are mislabelled or mismatched. As of Q1, we have dramatically reduced these kinds of errors from an average of 225 per quarter last year. In Q1, 102 samples were mislabelled, on our way toward the target of 45. To help meet this target, we have put into place a new program called the Six Rights of specimen collection to help ensure we check for the right patient, requisition, test, collection, tube and labelling for every specimen in our labs. Ongoing education is taking place to support this program and we are taking a closer look at where mislabelling is occurring to focus additional education. In September, we hired a new laboratory manager who will focus on specimen collection and quality, and we rolled out a phlebotomy team that specializes in blood collection.

The Surgical Safety Checklist was put in place to improve safety before, during and after any surgical procedure. We monitor its use to make sure that all three phases of the checklist are being completed for every surgery that takes place in our hospital. As of Q1, the checklist was performed for 99 per cent of surgeries in our hospital against our target of 100 per cent. This quarter the creation of a new paediatric and orthopaedic-specific surgical safety checklist was completed and will be implemented in Q2.

Eliminating preventable delays

A key part of delivering Outstanding Care, Always is making sure our patients don't experience any unnecessary delays in their journey to, within and from KGH. This year, we've continued to make it a top priority to reduce wait times, length of stay and avoidable admissions while managing occupancy rates to optimize patient safety, flow and quality of care.

As of Q1, 90 percent of patients were admitted to an inpatient bed within 33 hours, against our target of 25 hours. We continued important work to improve patient flow and reduce wait times, including advancing our plan to redistribute hospital beds amongst programs and services to group patients with similar care needs together and better align our bed resources to patient activity. We are also making improvements that are enabling us to shorten the wait time for patients in our Emergency Department who require consultation with a specialist, as well as implementing a new discharge prediction process on all clinical units to help us be more proactive in planning and supporting patients to be discharged from our hospital.

When a patient who does not require acute care occupies a bed in our hospital while they wait to be transferred to a more appropriate setting, such as a long-term care home, the patient is designated alternate level of care (ALC). In Q1, we had an average of 43 patients per day waiting to be transferred to another setting against our target of 20. Our performance has hovered around this level for the past five quarters. In Q2, a working group will focus on addressing barriers to patient discharge to support timely access to community-based care destinations. We are also working with the Community Care Access Centre (CCAC) to facilitate the management of a timelier admission and discharge process.

As of Q1, 69 per cent of clinical services were meeting wait time targets against our target of 100 per cent. This is down from 77 per cent in Q4 of the past fiscal year. Our Wait Time Committee is reviewing this drop in performance and identifying specific opportunities to improve our clinical service wait times.



Bed occupancy is an important efficiency indicator for hospitals. Optimal occupancy is said to be 85 per cent, which allows for appropriate staffing and capacity to respond to potential surges in clinical activity. Managing our occupancy rate is an important part of optimizing patient safety, flow and quality. This year, we are aiming to achieve 95 per cent occupancy and as of Q1, our medical/surgical occupancy rate was 96 per cent. Our overall occupancy is expected to be further reduced with the full implementation of our new bed map, which will ensure optimal use of our bed resources.

When patients are scheduled to undergo surgery in our hospital, they expect to be seen as planned. Unfortunately, surgeries can and do get cancelled for a variety of reasons - some of which are related to our role as the region's only complex-acute and specialty care hospital, and some of which are avoidable. In Q1, 161 patients had their surgeries cancelled. Though many of these cases were out of our control, we know that the reasons for 35 of those cancellations could have been identified earlier so those OR times could be assigned to other patients. These included reasons such as incomplete surgical screening, patients not fasting

as directed prior to their procedure, patients who were unavailable at the scheduled time, and instances where surgery was no longer required. To help reduce our surgical cancellation rate, our OR cancellation working group has developed several new tactics, including quarterly meetings with program leaders and administrative staff to review surgical bookings, enhanced communication of patient volumes and wait times to support monitoring of bookings, creation of a booking resource person to support office staff, patient follow up calls and enhanced communication to patients about preparation for surgery.

KGH 2015 Outcome	2014/15 Improvement Priorities	2014/15 Targets	Status
Patients are engaged in all aspects of our quality, safety and service improvement initiatives	Partner with patients to address priorities identified in our patient surveys and feedback	Overall patient satisfaction increases from 95 to 97 per cent	N/A
All preventable harm to patients is eliminated	Reduce the incidence of hospital acquired infections and unnecessary deaths in hospital	C-Difficile rate is reduced from 0.44 to 0.37	Green
		Hand hygiene compliance rate improves from 84 to 95 per cent	Red
		Hospital mortality within 5 days of major surgery is at or better than the Provincial teaching hospital average	Green
		Hospital standardized mortality ratio is at the standard rate of 100 and/or deemed "not significant"	N/A
	Reduce the incidence of specimen collection errors, medication events and falls	Medication reconciliation improves from 72 to 100 per cent for all admissions	Red
		Level 3 and 4 patient falls are eliminated	Yellow
		Reduce morphine and hydromorphone administration incidents from 24 to 12 per quarter	Red
		Reduce specimen collection and labelling errors from 225 to 45 per quarter	Red
		All three phases of the Surgical Safety Checklist are performed for all surgeries	Green
		All preventable delays in the patient journey to, within and from KGH are eliminated	Reduce wait times, length of stay and avoidable admissions
Percent of ALC days improves from 11 to 7	Red		
Clinical services meeting wait time targets improves from 83 to 100 per cent	Red		
Manage occupancy rates to optimize patient safety, flow and quality	Overall medical/surgical occupancy rate improves from 98 to 95 per cent		Yellow
	OR cancellation rate is reduced from 5.4 to 5.0 per cent per quarter		Yellow



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 our five patient- and family-centred care standards in every clinical area of the hospital to support everyone who works, learns and volunteers at KGH to use these approaches consistently. These standards include patient-led feedback forums where recently discharged patients come back to share their stories about what went well and where we could have improved their experience; ID badges worn at chest level so names can be easily seen and read; patient communication whiteboards completed at every shift change to improve communication between

care teams patients and families; staff introducing themselves to patients and family members and hourly rounding to ensure each patient is seen by a staff member every hour. Each quarter, we audit compliance with each of these standards and as of Q1 we achieved 94 per cent compliance. In support of our standards related to communication, and to ensure that the patient experience is uniform across the hospital, we are

rolling out training in the ‘Communicate with H.E.A.R.T.’ program - a service excellence model created to help foster the optimal environment for healing. It provides staff and physicians with the skills to better engage with patients, families and each other. In Q1, 41 KGH staff attended ‘train-the-trainer’ workshops to support our aim of training 500 KGH staff members in the new model this year.

KGH 2015 Outcome	2014/15 Improvement Priorities	2014/15 Targets	Status
Our Interprofessional Collaborative Practice Model (ICPM) is implemented in every clinical area with high ratings from patients, staff and learners	Increase adoption of patient- and family-centred care standards in every clinical area	Adoption rates for all five patient- and family-centered care standards increase from 81 to 85 per cent	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 hospital. We established the KGH Research Institute as a platform to help us consolidate and realize our research potential and now we are building on this enterprise by partnering with Queen's University and our local academic hospitals to create a Kingston-wide health research institute. In Q1, we advanced this initiative by issuing a request for proposals from vendors for support in the creation of a constitution, structure, governance and business plan of this joint research venture.

KGH 2015 Outcome	2014/15 Improvement Priorities	2014/15 Targets	Status
Externally funded research at KGH has increased by 50%	Advance the plan for a Kingston-wide health research enterprise	Establish research joint venture with Queen's University and Kingston hospital partners	Green

We also launched development of the new Centre for Patient-Oriented Research on Connell 4 at KGH with the selection of an architect to commence functional programming for this new 9,000 square-foot clinical research space. To date, the University Hospitals Kingston Foundation has raised approximately \$2 million to support development of the centre.

As part of our aim to increase the profile of KGH research, we embarked on the creation of a KGH Research Institute brand and began development of our institute website. These initiatives will showcase the depth and breadth of clinical research taking place at KGH and support the continued attraction of high-quality research talent to Kingston.

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. To do this, we are focusing on reducing the rate at which patients return to the hospital within 30 days of discharge. This is an important indicator of treatment quality, discharge practices and follow-up care. The latest data that we have from the Ministry of Health and Long-Term Care from Q2 of the last fiscal year shows that 19.04 per cent of patients need to be readmitted within 30 days of discharge, above our goal of 12.9 per cent.

KGH 2015 Outcome	2014/15 Improvement Priorities	2014/15 Targets	Status
KGH services are well aligned and integrated with the broader health-care system	Reduce 30-day readmission rates	30-day readmission rate improves from 15.6 to 12.9 per cent	N/A

While many factors contribute to patients being readmitted following discharge from our hospital, we know that receiving good instructions on proper medication use, wound care and other follow up instructions, as well as the availability of care supports in the community are important determinants of whether patients will need to be readmitted. We are actively working with our partners in the local Health Links initiative to ensure appropriate community supports are in place for recently discharged patients.

We are also working hard to ensure that discharge summaries are sent to our patients' family physicians within 72 hours to facilitate their ability to provide follow-up care. We are also conducting a continuous improvement exercise to better understand all the factors that influence patients being readmitted to hospital and identify opportunities for improvement.





Enabling high performance

Improving staff engagement

A hospital is made up of much more than bricks, mortar and medical equipment. It takes people to deliver Outstanding Care, Always. That's why turning our hospital into a positive, dynamic and healthy workplace is a top priority. Last year, we conducted organization-wide employee, volunteer, and physician engagement surveys, which provided us with valuable information about where we can improve to support our peoples' ability to be engaged in the workplace. By the end of last year, every leader had shared the survey results with their teams and all teams had created action plans to strengthen and build engagement in their area of the organization.

This year we have put in place a corporate engagement plan with quarterly engagement tactics to address the priorities identified in our engagement surveys. The four areas of focus identified in our employee engagement survey results included trust, recognition, education and career development and health and wellness. In Q1 we chose to focus on improving trust by creating an action plan to increase respect in the workplace and commenced work on learning redesign.

We are also aligning organization and individual accountability by increasing the number of KGH staff who have performance reviews completed. Having performance conversations contributes to engagement in the workplace, enables high performance and reinforces individual accountability. As of Q1, 259 performance reviews and agreements were completed against our target of 375. Open information sessions are scheduled for Q2 to introduce key skills for conducting performance conversations and we are following up with leaders individually to provide tools and supports and help them develop plans for meeting the target in each of their areas.



Providing a safe, healthy workplace

Workplace safety is a high priority at KGH, and we believe that safe staff equals safe patients. This year, we are aiming to reduce the incidence of musculoskeletal injuries (MSI) and needlestick injuries through the implementation of hazard recognition and control. As the most prevalent type of injury in the healthcare sector and at KGH, MSIs can result in lost time from work and permanent impairment for staff. In Q1, we had 21 MSI injury claims, well above our target of 6. We are looking at the circumstances to find opportunities to prevent those types of injuries from occurring in the future. An ergonomist is now available for hands-on staff training in units with a high incidence of injury. In Q2, we will be rolling out education to support Safe Patient Handling.

In Q1, we met our target for needlestick injuries with only 12 incidents, down from a high of 19 in Q3 of the last fiscal year. To help reduce needlestick injuries, we are beginning the work to convert insulin needles to insulin pens. Insulin pen devices offer a number of safety features, including patient-specific dose formulation, convenient dose measurement, accurate dose delivery, and shielded safety needles. As a result of this conversion and the implementation of Needle Safety training, we expect to see a reduction in needlestick injuries in the next quarter.

Preparing for phase 2 redevelopment and improving hospital cleanliness

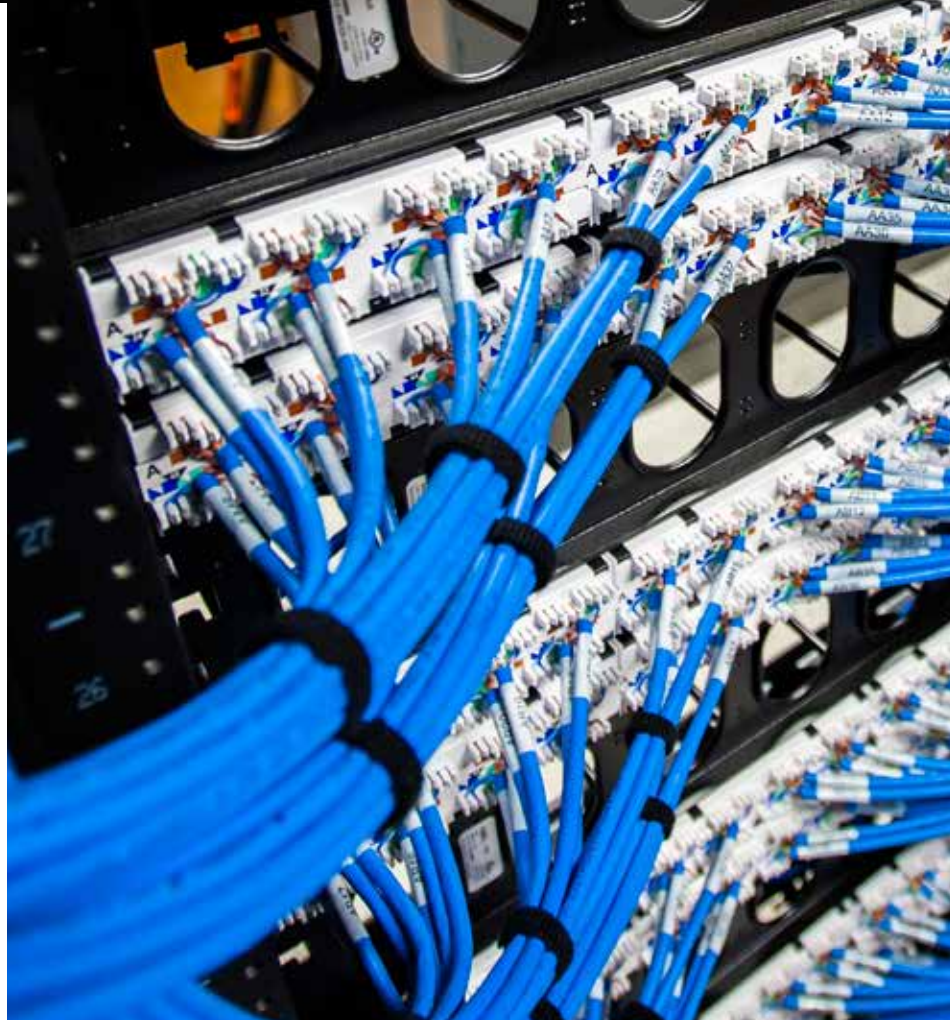
Safe, modern facilities are essential for leading-edge acute care, research and teaching hospitals. In Phase One of our hospital redevelopment project, we added 170,000 square feet of new space and renovated an additional 143 square feet at KGH. This year we're focused on receiving stage two approval for our Phase 2 hospital redevelopment project. Last year, we were asked by the Ministry of Health and Long-Term Care (MOHLTC) to submit a city wide Surgical Plan that encompassed both KGH and Hotel Dieu Hospital (HDH). We completed this in partnership with HDH and submitted it to the MOHLTC for review. We have received notification that the South East LHIN supports the plan and are now awaiting approval from the MOHLTC to move ahead. It is uncertain if we will obtain the Phase 2 funding by year-end, as we have been informed that the MOHLTC is reviewing how it prioritizes and approves large capital projects. We are continuing to engage the new senior Ministry officials and educate them on our project request and needs.

This year, we are also stepping up our cleaning audit performance, which has significantly improved over the past four years. Every month, we audit our own cleaning performance and two times per year, we undergo cleaning audits by an external auditor. As of Q1, our overall compliance rate was 81 per cent, approaching our target of 85 per cent and as of July, this result improved to 84 per cent. To help us do even better, we have undergone a staffing redesign and created two teams that will focus on specific cleaning upon patient discharge from our hospital as well as daily cleaning functions.



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 technology that helps us to transform the patient, family and staff experience through a relentless focus on quality, safety and service. This year we are working with our partners to implement a regional health information system. This system will unify health information across all seven hospitals in the South East LHIN to improve communication, collaboration and enable seamless patient care. In Q1, we kicked off the planning process to create a request for proposals (RFP) to purchase a new system and we reached consensus among our partners on the clinical requirements of the project. We also completed non-clinical and technical requirements ahead of schedule. In Q2, we are aiming to reach regional consensus on the remaining requirements and collect workflow information related to the patient journey. In Q3 we expect to have the RFP assembled and ready to be issued.



KGH 2015 Outcome	2014/15 Improvement Priorities	2014/15 Targets	Status
Staff are engaged in all aspects of our quality, safety and service improvement initiatives	Address priorities identified in our employee, physician and volunteer engagement surveys	Quarterly engagement plan deliverables are met	Yellow
	Align organization and individual accountability	Increase completed performance reviews and agreements from 500 to 1500 (phase 1 of 2)	Yellow
All preventable harm to staff is eliminated	Reduce the incidence of musculoskeletal injuries and needlestick injuries through the implementation of hazard recognition and control	Musculoskeletal (MSI) injury claims are reduced from 30 to less than or equal to 24 per year	Red
		Needlestick injuries are reduced from 54 to less than or equal to 48 per year	Green
Phase 2 construction is underway and KGH is clean, green and carpet free	Advance phase 2 redevelopment and improve hospital cleanliness	Phase 2 redevelopment advances to stage two approval status	Yellow
		Cleaning audit performance improves from 81 to 85 per cent	Yellow
Rapid transmission of information improves care and operational efficiency	Focus organizational project resources on strategic technology projects	Regional health information system project is implemented on schedule	Green
Our operating budget is balanced and we are able to allocate \$20 million a year to capital expenditures	Increase our capital spend to \$20 million	KGH total margin is greater than zero	Green
		Our capital budget increases from \$17 to \$20 million	Yellow

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. This year we are committed to maintaining our balanced operating budget.

Our operating margin measures total operating revenues in excess of total expenses. It is a measurement of management's efficiency and the hospital's ability to live within available financial resources. Our total margin for Q1 was 2.77 per cent, which is within the Ministry acceptable range of zero to three per cent.

While our operating margin was positive, it was slightly unfavourable to our planned results at Q1. Areas of the organization that reported a variance of greater than five per cent to their budget were requested to complete an evaluation and take corrective action to bring results in line with the total year budget plan.

We will continue to monitor variances in this way throughout the year.

This year, we are also aiming to increase our capital budget to \$20 million to support the replacement or upgrade of building infrastructure, technology, clinical and non-clinical equipment. As of Q1, our capital investment capacity totals \$17.5 million. Hospital leaders are being actively engaged to review opportunities for savings and new revenue that may provide further capital for spending.

A key part of sustaining our financial health involves the effective delivery of Quality Based Procedures (QBPs). 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 practice, reduce practice variation, attain cost efficiencies, and begin to align quality with funding.

In Q1, 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. Our QBP steering committee is providing oversight and guidance to the QBP process. This will help foster a cultural shift as our organization adapts to this new funding model. 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.

We hope you enjoyed your read of *KGH This Quarter*. Don't forget to check out the *KGH Strategy 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!

