

fiscal 2014-2015 **Q3**

3rd quarter ended December 31, 2014

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 56 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 point in the year, we know we will not solve some of our toughest challenges by year-end. Patient flow continues to be a challenge and there are too many patients waiting in our hospital to receive alternate levels of care, such as long-term care. 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 to improve access to high quality care by finding opportunities to work together in new and better ways to make sure patients in our region are getting the right care, at the right time, in the right place. 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 and doing everything we can to make the patient journey to, within and from our hospital as safe and efficient as it can be.

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

We are continuing to address the results of our employee, physician and patient surveys, risk assessments, accreditation results, quality of care reviews and, of course, our current performance. We are looking at trends in the feedback we receive, identifying specific opportunities for improvement and ensuring that these are addressed in our Annual Corporate Plan for the coming year. At the same time, we are factoring 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 and Quality Based Procedures as well as working with our health system partners to strengthen regional health care through initiatives such as Health Care Tomorrow. More information on this collaborative project can be found at www.healthcaretomorrow.ca

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 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 Q3, there are over 60 Patient Experience Advisors embedded within our programs, committees and project teams.

This year we are aiming to increase our overall patient satisfaction from 95 per cent to 97 per cent. To help us achieve this, we are continuing to rollout 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 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 provides all hospital staff, volunteers and physicians with the practical knowledge to help them effectively address patient concerns. It will also help our people 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 Q3, 560 KGH staff, learners and volunteers have completed the training, exceeding our goal. Following up on feedback from staff who have taken the course, we have shortened the training for the next quarter. The positive effects of this training are already beginning to take place. We are seeing positive feedback from patients and families that they are noticing a difference in their interactions with staff.



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 Q3, we saw a small decrease in the number of patients who acquired *C. difficile* in our hospital. This quarter, 13 patients acquired *C. difficile*, which is one patient less than last quarter. We did have a small cluster of cases occur on one unit, which resulted in added environmental cleaning, education of staff and an increased presence and support of Infection Prevention and Control. Since implementing these extra measures, there have not been any cases on that unit since November 2014. The end of Q3 marks 30 months with no declared *C. difficile* outbreaks at KGH.

The single best way to prevent hospital-acquired infections in a health-care setting is for care providers to simply wash their hands. We finished Q3 with 85 per cent hand hygiene compliance rate, which is an increase from 82 per cent in Q2. Though this is an encouraging improvement, we are still relentlessly pursuing our target of 95 per cent compliance. We are aiming to improve our performance in Q4 by introducing targeted education on the appropriate usage of gloves, refreshing training for hand hygiene auditors and empowering auditors to act on teachable moments when we see opportunities to educate staff on proper hand hygiene practices.

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 for acute care hospitals in Canada. As of Q3, we do not have current HSMR data. As always, 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. Recommendations, if any, are forwarded to the Joint Quality and Utilization Committee and the Medical Advisory Committee for review.

Medication safety is a 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 Q3, 77 per cent of patients had a BPMH taken upon their admission against our target of 100 per cent. This is up from 75 per cent in Q2. Having a BPMH helps to inform care plans for patients and ensure safe, effective prescription of medications. One way that we are continuing to work toward this target is by developing admission order sets that incorporate BPMH. These are groupings of standard orders that are used to expedite the physician ordering process for admitting patients to particular services within the hospital. This quarter, we received endorsement for a standard surgery admission order set that embeds the medication reconciliation process. This surgery admission order set will be implemented in Q4 and is expected to significantly improve how many patients receive a BPMH.

This year, we are aiming to reduce medication incidents specifically related to the administration of morphine and hydromorphone. In Q3, there were 16 reported incidents related to the two medications, which is a slight increase from 14 incidents in Q2. This quarter we added an automated double-check safeguard to the automated drug dispensing cabinets that are in place throughout the hospital so that when a nurse goes to remove hydromorphone from the automated drug cabinet, a warning will display asking them to confirm that hydromorphone is the medication they intended to access. This safeguard will ensure we are always administering the proper medication to our patients and is expected to help us achieve our target of reducing these incidents to 12 by year-end. Next quarter we will put additional measures in place to reduce errors in dosing and administration instructions.

Falls are one of the top three sources of preventable harm to patients at KGH. When patients are hospitalized the risk of a fall increases due to being in an unfamiliar environment, illness, reduced mobility and medication side effects. Knowing this, we introduced two new programs to help with fall risk identification and early mobilization. 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. In Q3 we focused on supporting the continuation of both of these programs for each hospital unit. We did experience five falls this quarter, all of which involved ambulating patients. We did a review to make sure that all safeguards were in place and determined that there was no gap in the safeguards that were provided. For next quarter, we will continue supporting our falls programs and will review both to see what opportunities exist for further improvements.

Patients are counting on us to test their samples quickly and accurately to support their diagnosis and treatment. However, sometimes these samples are collected or stored improperly, or are mislabelled or mismatched.

In Q3, we saw a significant reduction in specimen labelling errors with a total of 76 mislabelled specimens, down from 104 in Q2. This is a dramatic improvement from previous quarters which saw numbers in the hundreds. This continued positive downward trend brings us closer to our stretch target of 45. In Q3, the Pre-Analytical manager worked closely with departments that had higher cases of labelling errors and helped educate them on proper handling and labelling practices. We expect this indicator to turn from red to yellow status as we are just one incident away from that corridor of performance.

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 Q3, the checklist was performed for 99 per cent of surgeries in our hospital against our target of 100 per cent. In the next quarter we will focus on compliance with the checklist for unscheduled and emergency cases.



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. There has been huge effort underway at KGH to help make our patients' journey as seamless and quick as possible. However, despite best efforts, this area continues to be a challenge for the hospital. Many of the factors impacting our ability to eliminate preventable delays are not within our control – there are more people from our region accessing KGH with increasingly complex and chronic conditions, Gridlock has become a constant state as opposed to a rare event, and we have more ALC patients than ever before. Despite all this, KGH staff are still delivering outstanding care to patients and families.

In Q3, we continued to struggle with reducing the amount of time patients wait to be admitted from our Emergency Department. In Q3, 273 patients waited longer than 31.6 hours for an inpatient bed. Though this is a slight improvement over last quarter, it's still well above our target of 25 hours. Even with all of the pressures currently facing KGH, we were recently recognized by Cancer Care Ontario for being one of the top two most improved teaching hospitals in Ontario for Emergency Department length of stay and wait time indicators.

KGH has been in Gridlock since October 2014. Gridlock occurs when there are significant delays in moving patients through the hospital to their intended destination and it challenges our ability to admit new patients to the hospital. Work is continuing on our bed map project which will redistribute bed resources amongst our clinical services based on the volume and activity we are experiencing. This is expected to help with patient flow and decrease wait times in the Emergency Department. The Patient Flow Task Force, which has representation from across all programs and services at KGH, as well from our regional partners, continues to meet twice a month and review additional opportunities for moving patients safely and effectively through the hospital in a timely manner.

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 Q3, we saw an average of over 60 ALC patients per day, which is an increase of 20 from last quarter and well above our target of 20. Since the end of Q3, this number has continued to grow. Recognizing the stress that this creates in our hospital, effort is underway to help reduce this number. We are continuing to work with our regional partners and have committed to a renewed collaborative focus on ALC. We have assigned a registered nurse to be the point of contact for ALC patients at KGH and are doing a refresh on the education of ALC designation criteria including the development of a message that supports exploring all options for transition of care or discharge. We have also created a team within the hospital that meets on a weekly basis to review the cases of current ALC patients and the processes that need to happen to help each patient move on to a more appropriate care facility. This team is also looking to determine specific profiles that emerge and that could be used to support different models of care in the community.

As of Q3, 73 per cent of clinical services met wait time targets against our target of 100 per cent. This is a slight decrease from our Q2 results. It's important to note that our median and average wait times are still well below provincial benchmarks. When a patient and surgeon decide to proceed with surgery, a priority score is assigned based on standard criteria for when that patient's surgery should take place. Education is underway to ensure consistency in how priority scores are assigned, and routine monitoring of patients with extended waits is taking place to proactively identify where patients may be waiting too long for surgery. The challenge of placing patients in beds after surgery continues to be impacted by the high ALC numbers and constant state of Gridlock.



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	Red
		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	Red
		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	Red
		Reduce morphine and hydromorphone administration incidents from 24 to 12 per quarter	Yellow
		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	ED wait time for admitted patients improves from 33 to 25 hours	Red
		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	Red
		OR cancellation rate is reduced from 5.4 to 5.0 per cent per quarter	Yellow

Bed occupancy is an important efficiency indicator for hospitals. KGH is targeting 95 per cent occupancy, which allows for appropriate staffing and capacity to respond to potential surges in clinical activity. This also helps support timely access to KGH beds to meet the acute care needs of the region. Managing our occupancy rate is an important part of optimizing patient safety, flow and quality. This quarter we saw an increase of our medical/surgical occupancy rate to 102 per cent, which is an increase from our Q2 result of 100 per cent. The number of ALC patients, increased volumes of patients in the Emergency Department and constant state Gridlock continue to challenge our ability to meet this target. To help address this, we will be adding 13 permanent beds to help enable patient flow once appropriate staffing is in place. Gridlock has become a persistent

state at KGH and we are working with regional partners and the SE LHIN to create initiatives to improve community supports and to help raise awareness of when it is appropriate to access the Emergency Department.

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 Q3, 115 patients out of 2,249 had their surgeries cancelled, which is consistent with the number of cancellations we had in Q2. Though many of these cases were out of our control, we know that the reasons for 29 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 through the creation of a quarterly newsletter, creation of a booking resource person to support office staff, patient follow up calls and enhanced communication to patients about preparation for surgery.



Bringing to life new models of interprofessional care and education

Building on our interprofessional collaborative practice model

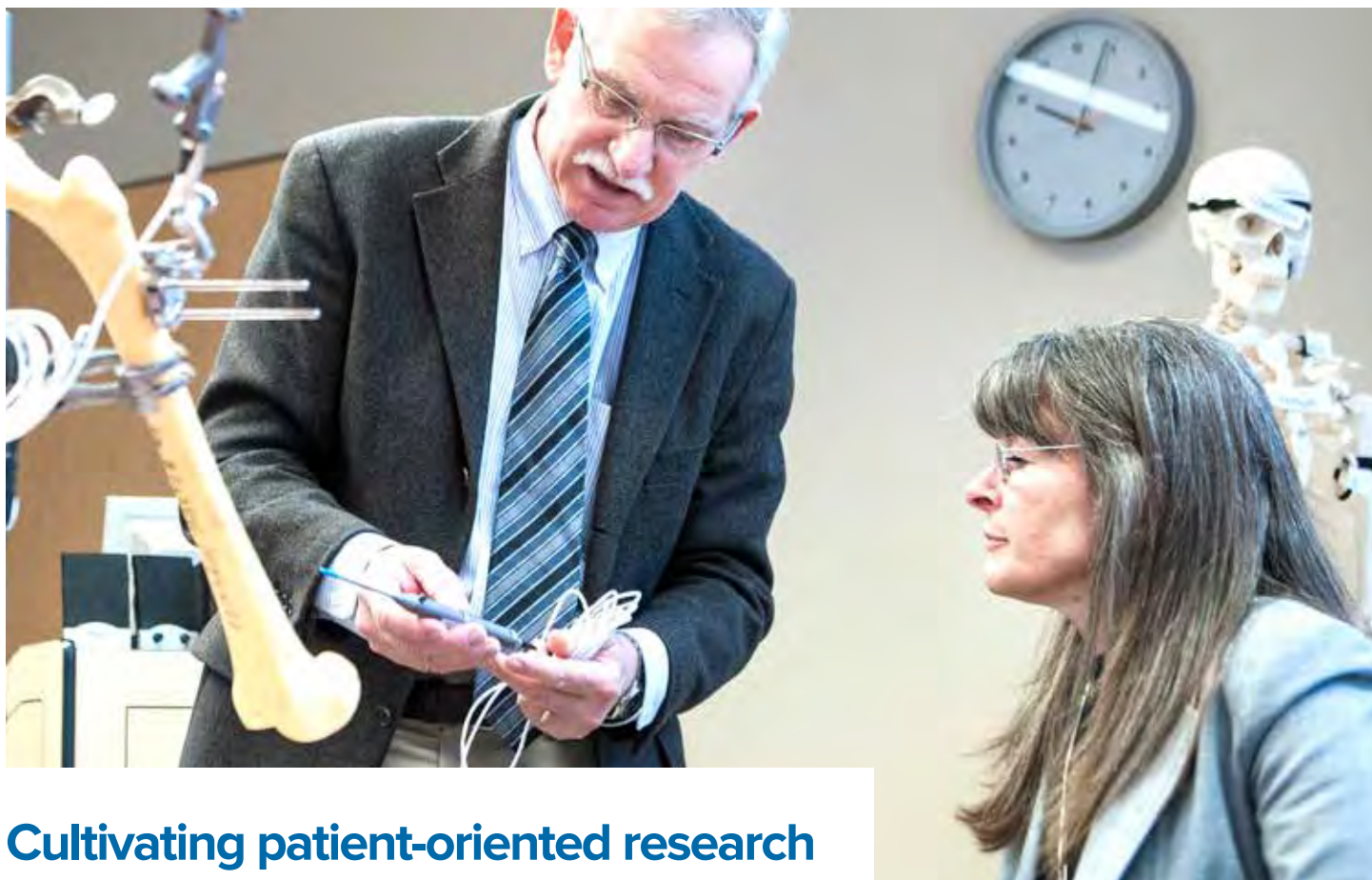
KGH is on a journey to partner with patients in everything we do. This is the foundation of our Interprofessional Collaborative Practice Model (ICPM), which features teams of health-care professionals working together to deliver patient- and family-centred care.

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

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			

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 Q3 we achieved 93 per cent compliance, a slight increase from our Q2 rate of 92 per cent. As our H.E.A.R.T. program training continues to roll-out, we also expect to see improved satisfaction with communication at KGH.



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 Kingston General Hospital Research Institute (KGHRI) to help us consolidate and realize our research potential. We are now building on this enterprise by exploring a partnership with Queen's University and our local academic hospitals to create a Kingston-wide health research institute that will help with the coordination, visibility, promotion and growth of health research across Kingston.

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

In Q3 we selected a vendor to begin working on the creation of a business plan for the joint venture. The vendor has now started a landscape survey of the research enterprises at our partner hospitals and Queen's University. We are also continuing to move forward with the creation of a KGHRI website, which will help to put a face on health research at KGH and make it easier for researchers, industry partners and patients and families to get involved with patient-oriented research at KGH.

We also launched development of the Centre for Patient-Oriented Research. Functional programmers have completed a functional and space plan for the new Centre and concept designs are in progress with our architects. Phase One construction of the new centre is anticipated to be completed by the end of 2015.

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 quality of treatment, discharge practices and follow-up care. The latest data that we have from the Ministry of Health and Long-Term Care from Q4 of last fiscal

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

year shows that 17.04 per cent of patients need to be readmitted within 30 days of discharge, against our goal of 12.9 per cent. According to a recently shared report from the SE LHIN, KGH was identified as being the only teaching hospital in Ontario to be below expected re-admission rates, as well as for having the lowest rate of re-admissions amongst our Ontario teaching hospital peers.



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 and 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

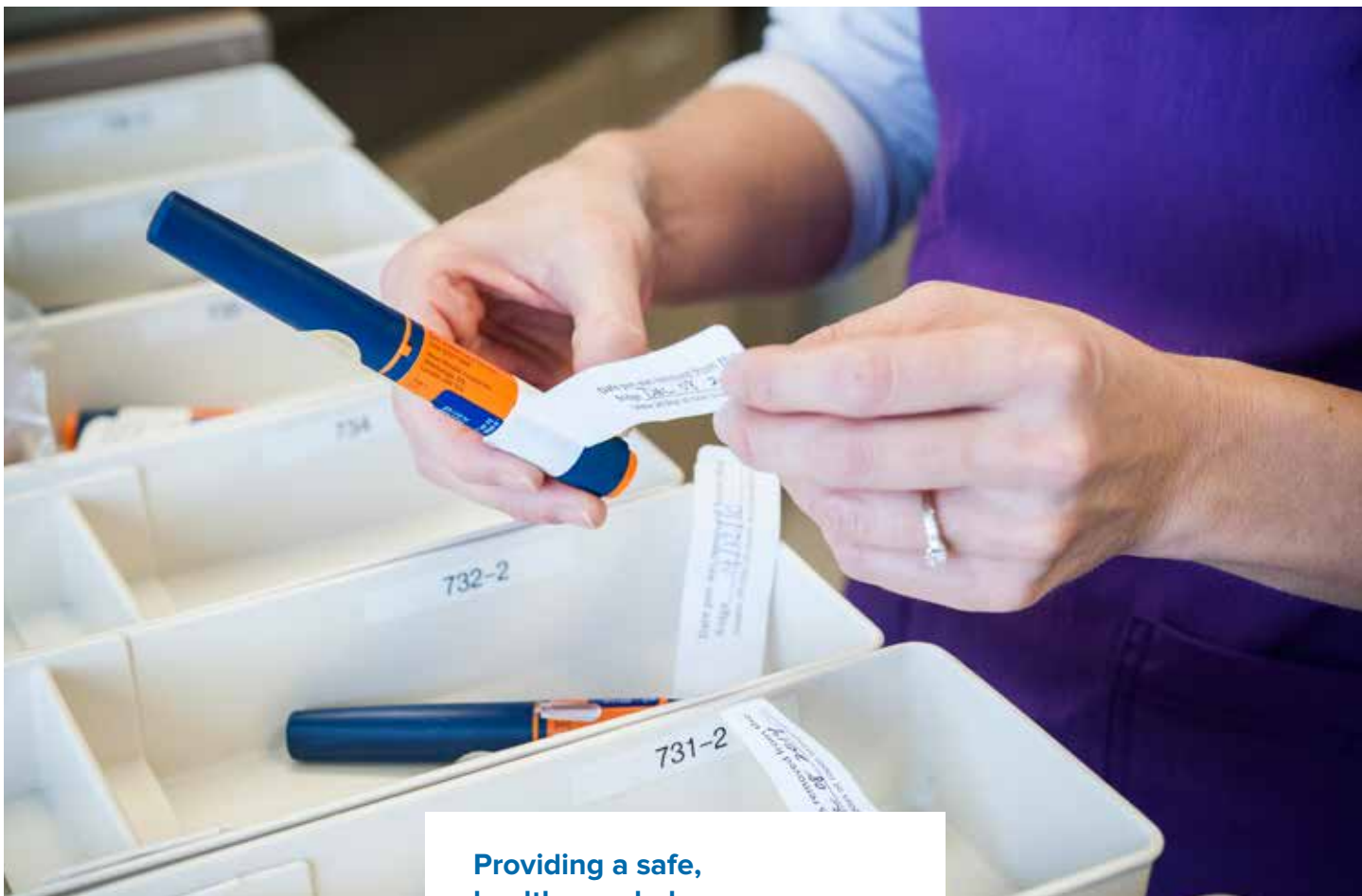
Improving staff engagement

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 tactics to address the priorities identified in our engagement surveys. The four areas of focus identified in our survey results included trust, recognition, education and career development and health and wellness. To help improve engagement in these areas, we have implemented health and wellness activities such as yoga, a staff wellness newsletter and lunch and learns during Healthy Workplace Month. Part of our engagement strategy involves regular touchstone surveys with KGH staff to see how our efforts are making a difference. Our most recent survey results point to a six per cent increase in overall positive responses from 2013. The most significant result was an improvement in the levels of stress that staff members feel at work.

Performance conversations are part of employee engagement and continuous development for staff. To help ensure these conversations are taking place, we have set a goal of having 1,500 performance reviews and agreements completed this year. In Q3, we exceeded our in-quarter target of 375 with 495 performance reviews and agreements submitted. As of our most recent count, there are a total of 1,150 reviews and agreements on file. Targeted information sessions continue regarding the completion of performance plans for staff and leaders, and we are optimistic about meeting our goal for the end of Q4.





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 possible permanent impairment for staff. In Q3, we had 17 MSI injury claims, which is a decrease from the 25 claims that we experienced in Q2. Many of the injuries that occur are related to patient handling. To help staff understand and practice safe patient handling, a new training module was developed in our learning management system. We have also incorporated a presentation by an ergonomist into our new hire orientation day to talk about best practices and techniques for safe patient handling.

In Q3, we also had an increase of needlestick injuries with 24 incidents, above our target of 12. To help reduce needlestick injuries, we rolled out needle safety training to all clinical staff in December. A big initiative that took place this quarter to help reduce needlestick injuries was the conversion of 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. Every time an injury does occur, we conduct an incident review as a way to help us identify opportunities for reducing risk and improving safety. 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 obtaining 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. We are hopeful we will hear the outcome of the Ministry review before the end of fiscal year. In the meantime, we have arranged a site visit for municipal and provincial government officials in Q4 so they can see first-hand what our requirements are and ask any questions they may have about our submission.

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. This quarter we had planned to complete 50 in-house audits, however we were unable to achieve this goal due to availability of staff resources. We expect to complete these audits in Q4. Our third-party cleaning audits are done on a semi-annual basis and we will receive updated results in Q4. This third party will also be conducting full training on proper cleaning techniques to KGH managers next quarter.

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. As part of the work being done through Health Care Tomorrow, a collaborative project with hospitals and the CCAC in the South East LHIN, we are aligning our efforts towards a health information system with the work of the Health Care Tomorrow technology working group, which is looking at hospital technology integration opportunities.



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)	Green
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	Red
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	Green

Sustaining financial health

We have made great strides to improve the financial health of our organization over the past five 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. Nine months into our fiscal year, our total margin is 3.0 per cent, which is within the Ministry acceptable range of zero to three per cent. In previous quarters staff members were asked to identify opportunities for

operational efficiencies. Thanks to the hard work and innovative ideas of staff across our organization, we have been able to act on all approved efficiencies and we are optimistic that we will sustain a balanced operating position to the end of this fiscal year.

This year, we are also aiming to increase our capital budget to \$20 million to invest in the building infrastructure, technology and equipment that we need to deliver Outstanding Care, Always. As of Q3, our capital investment capacity was \$19.7 million, which is on par with Q2. This is a huge success for KGH and brings us within the corridor of achievement for this target.

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!



We are a community of people dedicated to transforming the experience of our patients and families through innovative and collaborative approaches to care, knowledge and leadership.

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