

fiscal
2011-2012 **Q3**

3rd quarter ended December 31, 2011

KGH this quarter





CEO Update

Welcome to the Q3 edition of *KGH This Quarter*, our quarterly report against our long-term strategy and annual corporate performance goals. Our third quarter ended December 31, 2011, and I'm pleased to report that 74 per cent of our milestone targets are on track.

As we head into the close of this fiscal year, we are able to more clearly project what our year-end results will be. Looking forward, we anticipate at least 80 per cent of our milestones will be fully achieved by the close of the fiscal year. We remain confident that some of the milestones that are marked "red" this quarter will convert to "green" by year end as a result of the focused efforts underway to address them. For others, such as our emergency department wait times, we set stretch targets at the beginning of the year that we know will take more time to achieve, so in spite of good progress, we will not hit some of our performance targets.

In this Q3 report, you will see some specific examples of where we are doing well, and where we still need to improve. One of the areas I am most proud of is the steady progress on hand washing compliance which is now approaching 92 per cent across the organization. A lot of hospitals continue to struggle with this one, but at KGH, people in every clinical area and every category of staff have stepped up to the plate and taken ownership of the fact that washing your hands at KGH is simply what is expected, and what is done for every patient, every day.

The area we continue to struggle with the most is the reduction of waiting times for admitted patients from the emergency department. While we have made substantial progress over the past three quarters, we have not yet reached the standard that our teams and our patients expect.

I am confident, however, that the right things are happening inside the organization and with our partners and that we will see more progress in the coming months.

Our Patient and Family Advisory Council and Patient Experience Advisors are getting a lot of attention from outside organizations. After being cited as a "best practice" in the provincial report on quality improvement plans, people are looking to us as an example to follow. In fact, one of the headlines in a recent [Change Foundation report](#) was "KGH Leading the Way in Patient-Centered Care." What a terrific profile for KGH, especially after all we have been through.

Looking forward, we are in the process of finalizing our goals and performance targets for the upcoming year for our Quality Improvement Plan and our annual corporate plan. We will be sharing these with you shortly. In the meantime, please review the performance results that are set out in this report. Enjoy your read of *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 have trended over the past five quarters and what actions are being taken to improve our performance.

Thanks for your interest in KGH. Stay tuned, KGH is 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



Eliminating preventable harm

Eliminating preventable harm to patients starts with having a strong culture of safety throughout the hospital. We use a patient safety culture tool to provide insight into staff perceptions of patient safety. This allows us to identify successes and opportunities for improvement, and monitor changes within the organization. At the time of our last survey in Q1 2011, only 25 per cent of staff who were surveyed rated us as "very good" or "excellent" with regards to patient safety. We learned a great deal from the survey results and have undertaken numerous initiatives aimed at improving these results. In Q3, we launched a Patient Safety Week to improve awareness of safety issues, and implemented patient safety rounds where leaders and staff regularly review safety issues on patient units. We are also closely monitoring deaths in our hospital as they relate to safety. A rigorous quarterly mortality review process is now in place with high engagement from all clinical departments. We will survey our staff again in March 2012 to assess our progress on patient safety culture.

Hand hygiene compliance is at 92 per cent against our stretch target of 100 per cent. This is truly great progress from where we started two years ago with one of the worst hand hygiene compliance rates in the province. While we continue to struggle with our *C. difficile* rates, we have demonstrated the ability to deal with outbreaks much more quickly and efficiently thanks to strict adherence to infection control practices and the advanced detection techniques now in use. Given our success with hand hygiene, we will shift our focus to the appropriate use of antibiotics in our hospital to slow the spread of antibiotic resistance.

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KGH 2015 Outcome	2011/12 Milestones	Status
Patients are engaged in all aspects of our quality, safety and service improvement initiatives	15 patient experience advisors are integrated into KGH committees	Green
	Overall patient satisfaction is at or better than the provincial teaching hospital average	Green
All preventable harm to patients is eliminated	70% of our people who are surveyed rate us as "excellent" in fostering a patient safety culture	Red
	We achieve 100% hand hygiene compliance across all units and categories of staff	Yellow
	The number of new patients who acquire infections in our hospital is reduced by 10%	Yellow
All preventable delays in the patient journey to, within and from KGH are eliminated	100% of our clinical services discharge patients at their expected length of stay	Red
	The emergency department wait time for admitted patients is less than 8 hours for 100% of patients	Red
	90% of patients receive their elective surgery within or faster than the provincially targeted wait time	Red

Engaging patients

The momentum of our Patient Experience Advisor program continues with the addition of nine new advisors since our Q2 report. There are now 35 advisors actively participating within nine KGH clinical program councils and 29 special task forces. This means that patients are at the table for discussions about issues that affect their experience at KGH.

To date, our advisors have participated in 20 internal and external presentations, including presentations to the Change Foundation, Ontario Hospital Association and the Ontario Nurses' Association. On November 10, a panel of Patient Experience Advisors shared how their work is making a difference at KGH as part of our *KGH Connect* community event series.

Transforming the patient experience continued...

Eliminating preventable delays

We continue to make improvements to patient flow, focusing on discharging patients at their expected lengths of stay and reducing wait times for emergency department admitted patients and patients waiting for elective surgeries. In Q3, our overall average length of stay exceeded the expected length of stay by 0.5 of a day. Eleven out of 18, or 61 per cent, of clinical services that are targeting expected length of stay were at or better than the target. There were also fewer patients waiting in our hospital for alternate levels of care. The average number of alternate level of care patients per day decreased by six from Q2. We continue to actively manage patient flow through process improvement initiatives

and a concurrent review process to track and monitor the progress of care while flagging preventable delay issues.

We set ambitious targets for emergency department wait times and are making significant progress. In Q3, we admitted 2,580 patients from our emergency department. Eighty-nine per cent, or 2,289, of these patients were admitted within or better than the SE LHIN target of 25 hours. This represents a 34 per cent decrease in wait time from last fiscal year. Ninety-six per cent, or 2,485, patients were admitted within or better than the provincial 90th percentile wait time of 31 hours. Our own stretch target of 100 per cent of patients being admitted within 8 hours will not be

met by fiscal year end. As of Q3, 37 per cent of emergency department patients were admitted within this time. This represents a 23 per cent improvement from Q3 of last fiscal year. We are pleased with this progress and determined to pursue the 100 per cent target in the coming fiscal year.

At Q3, 33 out of 44, or 75 per cent, of our publicly reported surgical wait times met or exceeded the 90th percentile provincial wait time target. The wait-times strategy committee, with assistance from the decision support team, will continue to support the surgical program leadership in monitoring progress and identifying opportunities to improve access.

Bringing to life new models of interprofessional care and education

KGH 2015 Outcome	2011/12 Milestones	Status
Our Interprofessional Collaborative Practice Model (ICPM) is implemented in every clinical area with high ratings from patients, staff and learners	100% of our clinical areas have implemented ICPM	Green
KGH is recognized as a centre of excellence in interprofessional education	The KGH Interprofessional Education Steering Committee and workplan is in place	Green



Implementing our Interprofessional Collaborative Practice Model

Now that ICPM is fully implemented on all inpatient units of the hospital, as well as many ambulatory areas, our focus is tuned to implementing the new model within Cancer Care at KGH, which comprises a number of busy, complex and interrelated ambulatory clinics. This work aligns with a larger initiative by Cancer Care Ontario to transform the way care is delivered to cancer patients, optimizing the use of health human resources to ensure long-term sustainability in the face of increasing demands facing the cancer care system. The implementation of ICPM will support this transformation.

Embedding interprofessional education

In Q3, the Interprofessional Education (IPE) work plan was approved by our operations committee and is guiding the activities of the IPE steering committee and key support teams including the Accreditation Alignment, Environmental Factors and Support, Interprofessional Events Planning and Evaluation and Communication teams. Planning is currently underway for two interprofessional education events in fiscal 2012-13 including a Simulation Olympics focused on resuscitation skills and a patient safety event. There is also focused action planning underway to help build awareness and organizational competencies to support interprofessional learning across the organization in our quest to ensure that by 2015, all education activities at the hospital will be interprofessional by design.



Cultivating patient-oriented research

KGH 2015 Outcome	2011/12 Milestones	Status
Externally funded research at KGH has increased by 50%	Externally funded research at KGH has increased by 10% and our clinician scientist program expands	Green

Strengthening clinical research

As of Q3, our number of clinician-scientists has expanded with four candidates who have accepted offers to locate their research programs at KGH in the areas of emergency medicine, respirology, neurosurgery, and pathology and molecular medicine. These investigators, who will arrive in the next two to 18 months, will have 75 per cent protected time for research. Our success in growing the clinician-scientist program has been made possible by commitments from KGH and support from the Southeastern Ontario Academic Medical Association (SEAMO) and Queen's Faculty of Health Science.

Research activity continues to pick up pace at KGH. As of Q3, there are 172 active clinical trials underway in our hospital and our target for the quarter was 150. Across the country, we are noticing an overall 30 per cent decline in clinical trial activity since 2008. KGH has been fortunate over to the past few years to maintain our clinical trial numbers despite the national decline. Externally funded research revenue is measured on an annual basis. We have exceeded our target of a 10 per cent increase in externally funded research by fiscal year end. As of Q3, when the research financial data was released for fiscal 2011, there was a 32 per cent increase in research funding in comparison to our baseline.

Growing the KGH Research Institute

A preliminary needs assessment study for the new KGH Research Institute was completed, including draft floor plans for a new Clinical Investigation Unit. The research institute business and operating plans are well underway and will be delivered by fiscal year end.

Increasing our focus on complex-acute and specialty care

KGH 2015 Outcome	2011/12 Milestones	Status
KGH services are well aligned and integrated with the broader health-care system	KGH services align with our role as the region's complex-acute and specialty care provider and the Cancer Care at KGH strategic plan is in place	Green
	100% of target service volumes are met	Yellow
Best evidence used to guide practice	KGH clinical staff adopt evidence-based guidelines in 6 clinical areas	Green

Aligning and integrating health system services

KGH continues to actively contribute to the Southeast Local Health Integration Network (SE LHIN) Clinical Services Roadmap initiative. In Q3, several KGH medical and administrative leaders participated in discussions with colleagues from around the region to prioritize initiatives and map out potential timing for introducing key projects identified in the Roadmap. Discussions are progressing well with a high level of engagement by all partners in the SE LHIN around determining important resource issues that impact the feasibility of potential projects.

Shaping the future of cancer care at KGH

As part of the Cancer Care at KGH strategy development process, we completed extensive engagement on focused topics ranging from quality, safety and service to cancer research and models of care. We are now finalizing specific initiatives in the plan and are on track to launch the Cancer Care at KGH strategy by the end of this fiscal year.

Focusing on complex-acute and specialty care

As the region's only complex-acute and specialty care provider, KGH is accountable for delivering specific volumes of services as well as achieving wait time targets. Managing the delivery of service volumes is a complex task as each service comes with its own set of challenges from the availability of medical person power to fluctuating regional demand for services. As of Q3, 80 per cent of our volume contracts are on target. The wait list strategy committee and the surgical program continue to monitor all contracted volumes and look at resource utilization issues in areas of concern with respect to meeting our targets. Increased operating room capacity, balancing access and implementing improvements in efficiency are expected to assist us in meeting volume obligations and target wait times.

Using best evidence to guide practice

Evidence-based guidelines, or order sets, are comprehensive, best-practice guidelines to assist healthcare professionals in managing common health issues and interventions in a variety of patient populations. Our critical care program led the way in implementing order sets early in fiscal 2012, and has seen enhanced efficiency and consistency in the application of best practice.

We are on track to achieve our target of implementing order sets in six clinical areas this fiscal year. As of Q3, we have successfully implemented them in four clinical programs including critical care, obstetrics and gynecology, general surgery and cardiovascular surgery. Numerous other programs are planning for implementation under the guidance of the Order Set Committee, which oversees implementation with a focus on streamlining the transition process and supporting cultural and process changes.



Enabling high performance

Improving sick time

As of Q3, our average sick days per employee is 11.4, up from 10.87 in Q2. While we have held our gains from the previous fiscal year, there is still room for improvement. Our Attendance Management Program continues and we are introducing a rigorous review process to target areas with continued high sick time and address systemic issues. We are on track to launch a staff-scheduling project by the end of this fiscal year, which is expected to improve work-life balance and staff satisfaction with the scheduling process while reducing payroll errors.

Reducing workplace injury

We continue to focus on staff safety in our workplace. As a result of focused efforts to improve workplace safety including safety training for managers, we are seeing strong engagement throughout the hospital on managing safety issues. In Q3, incident investigations by managers were at 90 per cent, the highest quarterly level to date. While we are on track to achieve our target for lost time injury claims, there are two areas of concern, needlestick and musculoskeletal injuries, which continue to run high in several areas of the organization. In response to this challenge, we are implementing specific interventions designed to target areas where we are seeing increased injury. We are reinstating safety/MSI coaches and safety champions throughout the organization and implementing online training regarding needlestick awareness and usage.

Updating knowledge and skills

All KGH staff are required to update their training in five key areas including Freedom of Information and Protection of Privacy Act and E-Mail, Workplace Violence and Harassment, Workplace

Hazardous Materials Information System, MSI for both clinical and non-clinical staff and Accessibility for Ontarians with Disabilities Act. With the launch of e-learning, training is more accessible and easier than ever to track. As of Q3, 91 per cent of staff completed mandatory online training, up from 88.4 per cent in Q2. This success has been fostered by regular reporting to managers on their areas' compliance rates, reporting back to supervisors on progress, as well as targeted support and communication through Leadership Exchange sessions and e-bulletins emphasizing the requirement for staff to complete mandatory training.

Completing our redevelopment project

We are closing in on the final stages of our \$196 million redevelopment project that has seen the creation of an additional 170,000 square feet of space and the renovation of another 143,000 square feet at our hospital. As of Q3, we have achieved 99 per cent completion, ahead of our original schedule and on budget thanks to the efforts of our staff, contractors and consultants. Working together, they managed over a thousand system shutdowns and hundreds of moves and disruptions professionally and with a high degree of cooperation. In Q4, our new retail and food services will open including a new On the Go featuring Tim Hortons and a pharmacy in the Abramsky Lobby. Cafeteria renovations will be complete and the new Steamplicity™ inpatient food services will be rolling out.

Getting rid of carpets

We continue to receive accolades on our new carpet-free floors from both staff and patients. Everyone agrees that the new floors are creating a safer, brighter, cleaner environment at KGH. In Q2, we refined our overall schedule for carpet removal

to accommodate the safe movement of patients taking into account our limited capacity to relocate clinical units during the transition to enable construction. By the end of this fiscal year, 40 per cent of patient areas of the hospital will be carpet free. In Q3, carpets were removed from Kidd 7 and the Abramsky Lobby. This brings us to a total of seven carpet-free floors, six of which are inpatient units.

Automating systems and processes

We are moving ahead with plans to introduce important technology solutions in two key areas of the hospital, despite slight delays in our implementation timelines. Automated medication dispensing cabinets improve patient safety, workflow efficiency and cost analysis, while offering secure storage of medicines. We will commence implementation of this project in the first quarter of fiscal 2012-13. Our new order management system, which automates order processing in our laboratories, will be in place in all laboratories at the hospital by June 30, 2012.

As part of our ongoing effort to strengthen communication with family physicians, we are aiming to have timely e-discharge summaries completed for every patient so family physicians can stay up-to-date and provide appropriate follow-up care to their patients. In Q3, we achieved 36 per cent of discharge communication sent within 72 hours of patient discharge from our hospital. This is up from 29 per cent in Q2. Our target for this milestone is 80 per cent. While we expect to see a significant improvement before year-end due to new policies, procedures and systems that support progress, we will continue to focus on this initiative in 2012-13 to meet the target.

Improving our finances

As of Q3, we generated the capacity to spend \$11.4 million on capital equipment, technology and infrastructure and our target for the year is \$12 million. Improvements in this allocation have been the result of ongoing efforts by leadership and staff to meet benchmarks for efficiencies and to move our savings from operating to capital allocations, enabling us to invest in the equipment and technology required to deliver Outstanding Care, Always. Our operating budget continues to run at a surplus and reflects the impact of operational improvements, one-time revenues

for prior year taxes, capital planning costs recovered as well as new program funding allocations. Ongoing review and oversight of capital and operating budgets by leadership at all levels will support continued progress on our finances.

Evolving the ways we engage with our stakeholders

KGH is advancing with the age of electronic communication as part of our commitment to keeping the almost 500,000 people that we serve informed and up-to-date with life at their hospital. In Q3, we launched *KGH Connect*, a dynamic and interactive web-based platform to enable real-time, continuous

engagement with our stakeholders. More than 1,500 people on our stakeholder mailing list received our first e-mail newsletter introducing this exciting new platform, which uses social media tools like Facebook, Twitter and YouTube, as well as live discussion forums, expert blogs, online surveys, information and education. We also hosted the first *KGH Connect* community event at St. Lawrence College featuring panelists from our Patient and Family Advisory Council. Anyone wishing to stay connected to and involved with life at KGH can check us out at www.kghconnect.ca and sign up to become part of the conversation.

Enabler	KGH 2015 Outcome	2011/12 Milestones	Status
People	KGH is designated as one of the best places to work	Average sick days per KGH employee are reduced to 10.5	Yellow
	All preventable harm to staff is eliminated	Lost time injury claims are reduced by 10%	Yellow
	Staff are engaged in all aspects of our quality, safety and service improvement initiatives	100% of our staff complete mandatory online training	Yellow
Processes	Continuous improvement environment created with consistent use of lean principles	100% of KGH managers complete mandatory process improvement training	N/A
Facilities	Phase 1 redevelopment is complete, Phase 2 construction is underway and KGH has sufficient parking	96% of our Phase 1 redevelopment is complete on time, on budget and new retail and nutrition facilities are in place	Green
	KGH is clean, green and carpet-free	Our new solar farm is established and 50% of carpets are removed from inpatient areas	Green
Technology	Rapid transmission of information improves care and operational efficiency	50% of our automated medication dispensing system is in place	N/A
		Our lab and diagnostic imaging order management systems are in place	Red
		Timely e-discharge summaries are completed for every patient	Red
Finances	Our operating budget is balanced and we are able to allocate \$20 million a year to capital expenditures	Our operating deficit is eliminated and our capital spend reaches \$12 million	Green
Communication	We continue to engage and report openly and regularly on our progress	Patient, staff and stakeholder engagement takes place through improved website and social media tools	Green



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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