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2011-2012 **Q2**
2nd quarter ended September 30, 2011

KGH this quarter





CEO Update

Welcome to the Q2 edition of *KGH This Quarter*, our quarterly report against our long-term strategy and annual corporate performance goals. Our second quarter ended September 30, 2011, and I'm pleased to report that 64 per cent of our milestone targets are on track. Looking forward, we anticipate at least 80 per cent of our milestones will be fully achieved by this fiscal year end.

The review of second quarter results is particularly important given that we are halfway through the fiscal year. At this point we are taking a close look not only at where we are, but what steps or decisions we need to make to adjust our approach so that areas of concern are addressed. In addition to analyzing our performance against our strategy, we have taken a step back to assess the dynamic and evolving healthcare environment in which we operate, the volume of change that staff are being asked to implement, and our capacity to perform against the high bar we set for ourselves at the start of the year. We have also created additional specific quarterly targets to reflect the expected phase of completion for major projects, and this is helping to sharpen our ongoing performance management process.

For the majority of the milestones, we will continue to move forward as planned toward our year-end targets. We are confident that some of the milestones that are marked "red" this quarter will convert to "green" by year end as part of the natural progression of plans that are in place to address them.

As a result of delays in external approvals and hiring of project leads, completion timelines have required slight adjustment for two of our corporate projects. Targets for these will be achieved early in fiscal 2012 instead of Q4 of this fiscal year. The delay in completing these projects will not have a material effect on our overall progress toward KGH 2015 goals.

Progress like this is the result of the hard work and dedication of our many staff, physicians and volunteers. I am pleased with the progress people are making and proud of their determination to succeed. I am confident that together we will achieve our collective aim of Outstanding Care, Always.

Our performance results are reported more fully in this report. Please read *KGH This Quarter* and send us any questions or comments you have. For more detailed information, you can access the *KGH Master Performance Report* on our website where you can see how each of the indicators have trended over the past five quarters and what actions are being taken to improve our performance.

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

Engaging patients

The KGH Patient Experience Advisor program is gaining international recognition through presentations and the expressed interest in our approach by other hospitals and healthcare organizations. Our target for the number of Patient Experience Advisors on key planning and decision-making forums this year was 15. We exceeded this target by 46 per cent in Q2. We now have 26 advisors in place and advisor representation on 19 standing committees including our Quality of Patient Care, Patient Safety and Quality, Accessibility and Elder Friendly committees. The idea of partnering with our patients as advisors is catching on at KGH. As more and more of our leaders and staff see the benefits and impact of the patients' voice in key planning and decision-making activities, there is an increase in the number of requests for participation of patient experience advisors. This initiative is being closely managed to ensure that the participation of advisors is solidly embedded in hospital operations with a focus on well designed plans, processes, resources and support systems.

Eliminating preventable harm

Numerous patient safety initiatives are underway at KGH, however, we continue to struggle with some of the issues related to our patient safety culture survey results, which measure staff's perception of safety at KGH. Despite our efforts, we are at risk of not achieving a rating of 'excellent' in fostering a patient safety culture by 70 per cent of our staff at the time of our next survey. We are learning from the survey results and undertaking several initiatives to improve including launching a Patient Safety Week in November, implementing executive sponsored patient safety rounds and recruiting a Director of Patient Safety and Quality. We will survey our staff again in 2012 to assess our progress.

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

While we are doing well with certain infection rates, we saw an increase of six new cases over Q1 bringing us to 36 new cases of hospital acquired infections for Q2, which is five above our target of 31. This is mainly due to a *C-difficile* outbreak in August. Thanks to the strict adherence to infection control practices and the advanced detection techniques now in use at KGH, a quick, well-executed response resulted in one of the shortest outbreaks yet. In addition to the *C-difficile* outbreak, we saw a spike in Q2 of central line bloodstream infections. However, it is important to note that this spike was attributed to just two patients with long lengths of stay. We anticipate performance to return to better than target for Q3. With respect to hand hygiene, KGH posted a two per cent increase in hand hygiene compliance in Q2, which brings us to 85 percent overall compliance. We continue to progress toward our target of 100 per cent compliance. We are aided by robust data collection and analysis as well as the physical posting of compliance rates

on all units to maintain visibility and awareness. We have also seen a significant drop in antibiotic usage over the last three quarters. The launch of our new antibiotic stewardship program in Q3 will further cement these gains.

Eliminating preventable delays

Our focus on improving patient flow continues to be a top priority. Overall, we are outperforming our expected length of stay by 0.6 of a day, which represents a 50 per cent improvement over the previous quarter. The percent of alternate level of care (ALC) days has steadily decreased over the last two quarters. It is currently 12 per cent against our target of 10 per cent, which is well below the provincial average. As of Q2, 67 per cent of clinical services were at, or better than, their expected length of stay, which is a 10 per cent improvement over Q1. Our success in this area is due to a variety of initiatives and people working together to improve patient flow.

Continued on next page...

Transforming the patient experience continued...

The Home First initiative has taken root within KGH and our partner, Providence Care, has supported the efficient movement of patients. We have put in place tools at the service level to flag opportunities for earlier movement of ALC patients, and have people in place to oversee the process of efficient placement of these patients.

All hospitals in Ontario continue to struggle with emergency department wait times and KGH is no exception. We set very ambitious targets that we have yet to achieve, however, we are making significant progress. At Q2, we continued to trend positively with 35 per cent of patients admitted within 8 hours. This is a 12 per cent improvement from fiscal

2011 year end. While we are unlikely to meet the stretch target for this milestone by year end, it is important to note that the 90th percentile wait time for admitted patients is at the KGH target of 31 hours for the first time in the last five quarters. In fact, as of Q2, KGH had amongst the lowest ED wait time for admitted patients of all Ontario teaching hospitals.

Our medicine program continues to improve patient flow. At the same time, we are faced with an increasing number of admissions, particularly through the new mental health program, which has added to patient volumes in our emergency department. The mental health program has created new challenges with respect to patient flow

within and outside of the emergency department. We are in the process of creating a profile of our new patient populations to help us better understand their needs, and identify community supports and processes that could help avoid admission.

The Wait List Strategy Committee continues to monitor all wait times on a monthly basis. Seventy-five per cent of our reported wait times for elective surgery are at or better than the provincial wait time target. Our wait times for total joint replacement are the lowest they have ever been at 111 days and well below the provincial target of 182 days. Our cancer surgery and cardiac service wait times are also well below provincial targets.

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

We continue to embed our Interprofessional Collaborative Practice Model (ICPM) across the organization. This new model of care, which is characterized by collaborative practice among teams of health professionals, is having a positive impact on patient satisfaction, quality and efficiency in areas where the model is in place. ICPM is implemented on all inpatient units of the hospital, and as of Q2, all ambulatory areas that were included in the roll-out plan for this quarter have been successfully launched.

These areas include Endoscopy, Outpatient Procedure Unit, Post Anesthetic Recovery and Same Day Admission Centre. Work is well underway to launch the new model of care in our Renal Unit, satellite dialysis units, Diagnostic Imaging and Laboratories in Q3. Based on our current roll-out status, we are confident that ICPM will be implemented in every clinical area of the hospital by the end of this fiscal year. As the roll-out nears completion, our focus is on the ongoing evaluation of results. Unit teams have developed action plans for continuous improvement and sustainability.

Embedding interprofessional education

KGH has made a bold commitment to ensuring that by 2015, all education activities at the hospital will be interprofessional by design. This initiative places KGH at the forefront of this new model of care. At Q2, the Interprofessional Education (IPE) Steering Committee began reviewing our current process for collecting and utilizing patient feedback relating to learners and the learning environment with the goal of improving interprofessional practice and education. The IPE steering committee continues to meet on a monthly basis and three of the five support teams began meeting in September to develop their individual work plans. These include the accreditation alignment, environmental factors and support and the interprofessional events planning teams. These initiatives are tightly aligned with the work of our ICPM Steering Committee and supported by change management infrastructure including a project charter and dedicated project manager to guide and oversee the successful evolution of the project.



Cultivating patient-oriented research

Strengthening clinical research

Our efforts to cultivate a patient-oriented research culture at KGH continue to expand through the recruitment of clinician scientists, ongoing research planning, including the plan for cancer research at KGH, as well as through the creation of the KGH Research Institute. As of Q2, the clinician-scientist program expanded with four potential candidates identified. Two of these candidates have accepted offers to locate their research programs at KGH in the areas of emergency medicine and pathology and molecular medicine. These investigators, who both will arrive in 2012, will have 75 per cent protected time for research. Our success in growing our clinician-scientist program has been fostered through KGH's commitment and the cooperation

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

of the Southeastern Ontario Academic Medical Association (SEAMO) and Queen's Faculty of Health Science on our common quest to be recognized leaders in Canadian health research.

Externally funded research revenue is measured on an annual basis. Based on current trends, we anticipate meeting our target of a 10 per cent increase in externally funded research by fiscal year end. As of Q2, there was actually a 32 per cent increase in research funding during fiscal 2011 at \$21.6 million compared to \$16.3 million in fiscal 2010.

Growing the KGH Research Institute

A preliminary needs assessment study for the new KGH Research Institute was completed as of Q2, including draft floor plans for a new Clinical Investigation Unit. When complete, the new unit would provide an additional 8,500 square feet of clinical research space to help expand patient-oriented research at the KGH Research Institute. The research institute business and operating plans are well underway and will be delivered by year end.

Increasing our focus on complex-acute and specialty care

Aligning and integrating health system services

KGH continues to actively contribute to the Southeast Local Health Integration Network (SE LHIN) Clinical Services Roadmap initiative. Several KGH medical and administrative leaders are participating in discussions with colleagues from around the region to map out potential timing for introducing key projects identified in the Roadmap.

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. At the beginning of the fiscal year, we approved an "all or nothing" approach to reporting our performance on volumes. On reflection, we will add 10 per cent corridors of performance to bring the reporting on this indicator more in line with how the Ministry and our Local Health Integration Network (LHIN) assess us. As of Q2, 70 per cent of our volume contracts are on target. In Q2, we released 35 incremental total joint cases to the SE LHIN at the recommendation of our surgical program leadership. The Wait List Strategy Committee and the surgical program are continuing to closely monitor all other contracted volumes. Increased operating room capacity and improvements in efficiency are expected to optimize our volume contracts.

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	Red

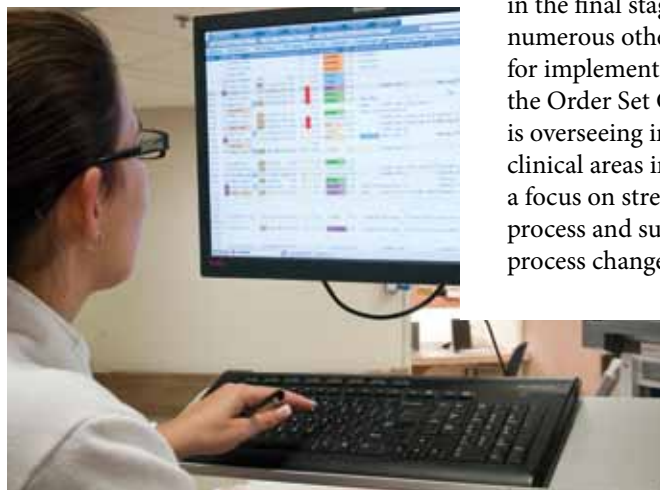
Shaping the future of cancer care at KGH

The Cancer Care at KGH strategy development process continues with extensive enterprise-wide engagement in planning. A one-day planning retreat was held earlier in the year including representatives from across the continuum of cancer care, followed by a series of intensive workshops on focused topics within the cancer care domain including patient experience, quality, safety and service, as well as cancer research. Using feedback from these sessions, combined with an environmental scan of the cancer care landscape in which we operate, an initial strategy framework was developed and tested at a validation workshop in September. Feedback from the session demonstrated that there is broad

consensus on the future of cancer care at KGH. Another major planning retreat will be held in Q3 focusing on bringing new models of interprofessional cancer care and education to life. Following this, a more fulsome strategy framework will be developed, tested and launched by the end of this fiscal year.

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. KGH has committed to implementing electronic order sets in six clinical areas this fiscal year. As of Q2, we have successfully implemented the order sets in our critical care program, three additional areas are in the final stages of implementation and numerous other programs are planning for implementation under the guidance of the Order Set Committee. The committee is overseeing implementation across all clinical areas involved in the roll-out with a focus on streamlining the transition process and supporting cultural and process changes.



Enabling high performance

Decreasing sick time

We continue to make progress on achieving our sick time target of 10.5 days per employee. The rolling average sick days in a 12-month period improved to 10.87, which is slightly down from Q1. Of note, while the number of sick time incidents remained consistent across all groups, those who were off were away for longer periods as we saw greater incidence of surgeries, psychological illnesses and musculoskeletal injuries.

Reducing workplace injury

Continued focus on staff safety in our workplace is key. We experienced a reduction in needle stick injuries to 9 incidents down from 12 in Q1 and a significant improvement in the per cent of completed incident investigations by managers to 86 per cent, up from 70 per cent in Q1. At the same time, there has been a concerning increase in musculoskeletal injuries to 38 up from 22 at Q1, which translates to 15 incidents above target. We are actively working to improve workplace safety through the roll-out of safety training for managers, Safety Talks e-bulletins and safety boards in departments focusing on the unique safety issues in each area of the hospital. Our new workplace conduct policy and performance agreements clearly state leaders' accountability for safety.

Updating knowledge and skills

All KGH staff are required to complete four mandatory training modules. With the launch of e-learning, training is more accessible and easier than ever to track. At Q2, 88.4 per cent of staff completed mandatory online training, up from 76 per cent in Q1. 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. Heading into the final two quarters of the fiscal year, we will focus on finalizing the roll-out of our electronic learning management system and creating a coordinated and sustainable approach to enable 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 Q2, we have achieved 96.1 per cent completion, ahead of our original schedule. Our new retail and food services are on target to open in Q4. Tim Horton's in the Abramsky Lobby is opening in January 2012. Cafeteria renovations will be complete and the new Steamplicity inpatient food services will roll out in January and February 2012.

Getting rid of carpets

Response to our new carpet-free floors from both staff and patients has been overwhelmingly positive. Everyone agrees that the new floors are creating a safer, brighter, cleaner environment at KGH. At Q2, we completed 25 per cent of our year-end target to remove carpet from patient areas of the hospital. We completed carpet removal on two more floors in September. This brings us to a total of three carpet-free floors, two of which are inpatient units. We have 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. This will result in a slight delay in our schedule by year end.

Automating systems and processes

Automated medication dispensing cabinets improve patient safety, workflow efficiency and cost analysis, while offering secure storage of medicines. While we aimed to have 50 per cent of our automated medication dispensing system in place this fiscal year, we have re-evaluated this timeline due to delays in the procurement process to select a vendor for the dispensing system. Product selection is expected in February 2012 with implementation to follow.

Our new order management system will automate order processing in our laboratories. At Q2, planning, capital acquisitions and stakeholder preparations for process changes began including a trial in Critical Care to test the tools. Implementation across laboratories at the hospital is expected to be phased in between December 2011 and March 2012. It is important to note that as per the Q1 report, a phased approach was adopted with laboratories slated for this fiscal year and diagnostic imaging for fiscal 2013.

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. At the close of Q2, we achieved 29 per cent of discharge communication sent within 72 hours of patient discharge from our hospital, which is highly aligned to the number of discharges completed electronically. Adoption of e-discharge is not occurring as quickly as we had anticipated and we are not on track to achieve this milestone by year end. As a preliminary step to achieving the target we have put policies and procedures in place to ensure complete and timely documentation by physicians.

We have also put in place a health information system that notifies our physicians well in advance of any chart deficiencies as well as implementing an e-discharge application to improve the efficiency of completing summaries.

Improving our finances

Our finances remain in good shape heading into the final half of the fiscal year. As of Q2, we are running an actual operating surplus of \$2.5 million and we have allocated \$10.7 million for capital spending for 2011-12, which is just \$1.3 million away from our fiscal year-end target of \$12 million. Our positive financial results reflect new

post-construction operating funding, continuing draw-down on our vacation liability and positive performance on various revenue and recovery sources. As we head into the final two quarters of the fiscal year and the final year of our Performance Improvement Plan, all indications are that we will have balanced the budget for the year while achieving our recovery plan.

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. At the end of Q2, we completed a prototype of *KGH Connect*, a dynamic and interactive web-based platform to enable real-time, continuous engagement with our stakeholders. This exciting new platform uses social media tools like Facebook, Twitter and YouTube, as well as live discussion forums, expert blogs, online surveys, information and education. As of Q3, anyone with a desire to be 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	Red
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	Red
		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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