

fiscal 2015-2016 **Q1**
1st quarter ended June 30, 2015

KGH this quarter



Kingston
General
Hospital

Outstanding care, always



CEO Update

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

Welcome to *KGH This Quarter*, our quarterly report on the progress we are making to meet the targets in 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 63 per cent of our annual corporate plan performance targets and 50 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 12 outcomes and 27 targets this year, which are linked to the indicators we monitor each quarter. Targets for each of the indicators are set at the beginning of each year and approved by our board of directors. Tight corridors of performance are identified and we track our progress on each indicator as red, yellow or green.

Last year marked the final year of our KGH 2015 strategy. We took that opportunity to celebrate our achievements and look ahead to what the next frontier towards Outstanding Care, Always might look like. If you haven't already done so, please take a few moments to read our five-year strategy report at www.kghconnect.ca/kgh-journey.

This year, we continue to set the bar high in terms of the targets we are aiming to achieve. As we look to the future, we remain guided by our strategy for achieving Outstanding Care, Always while we continue to work with our health system partners throughout the region to improve access to seamless, high quality care for the residents of southeastern Ontario. We know that some of our toughest challenges are not ours alone to solve – challenges such as eliminating all preventable delays in the patient journey to, within and from KGH require collaboration and partnership across our regional health care system. I'm delighted to see that taking place through the Health Care Tomorrow – Hospital Services initiative, which you can read more about in this report.

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!

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. As the central focus of our strategy, we have been pace setters in creating an inclusive environment that puts patients and their families at the table for all decisions that influence the patient experience at our hospital.

This year, we are continuing to transform the patient and family experience through innovative and collaborative approaches to care, knowledge and leadership. In so doing, we are aiming to increase our overall patient satisfaction score from 95 per cent to 97 per cent. To help us achieve this, we will train an additional 1,500 staff, learners and volunteers in 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 and concerns 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 and it is providing all hospital staff, volunteers and physicians with the practical knowledge to help them address patient concerns and communicate with patients, families and co-workers with empathy.

In Q1, 243 people have completed this training for a total of 1,109 since we began the program. Following up on feedback from staff who took the course last fiscal year, we have shortened the in-class training and added an e-learning module that provides the same learning with improved accessibility for participants. We are also creating a physician version of the program to ensure that all members of our care teams are equipped with the same knowledge and tools.

Eliminating all 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, falls and skin ulcers.

In Q1, we saw a positive downward trend in the number of patients acquiring *C. difficile* in our hospital with 11 patients acquiring the infection, down from 13 in the previous quarter. This rate puts us lower than our peer hospitals this quarter. This year we are continuing to focus on enhanced cleaning, surveillance on units and prompt initiation of 'contact precautions' for any incident that could potentially lead to the spread of infection. We are also working with our microbiology laboratory to generate daily reports on specimen results, allowing us to intervene in potential cases of infection sooner. The end of Q1 marked 37 months without a *C. difficile* outbreak at KGH.

The single best way to prevent the spread of infection in a health care setting is for care providers, families and visitors to wash their hands. To help understand how we are doing with hand hygiene compliance, we monitor how many times before and after patient contact a care provider washes their hands. This quarter, our hand hygiene compliance rate was 81 per cent against our target of 95 per cent, which is a significant drop from last quarter. One of the reasons we have seen such a shift is because we have increased the number of health care workers we are auditing for compliance. By increasing this number, we believe we are getting a better representation of staff and seeing that there is still work needed to educate our health care professionals about proper hand hygiene. To help do this, the Hand Hygiene Working Group is rolling out new measures including a new resource tool, just-in time intervention training and a revised learning module on hand hygiene that will be mandatory for all KGH staff.

To track the number of unnecessary deaths in hospital, we measure Hospital Standardized Mortality Ratio (HSMR), which is an overall quality indicator used by acute care hospitals in Canada. This data is measured by the Canadian Institute for Health Information (CIHI) and they have recently re-adjusted how this baseline is calculated. Hospital specific HSMR's are now benchmarked against a national HSMR, which provides more meaningful insight into how individual hospitals are performing. We have received our most recent HSMR data and it suggests that we are significantly higher than the national number. However, it is important to note that this data includes palliative care deaths, which makes calculation of a true HSMR number difficult as palliative care deaths are expected. We are undertaking a thorough chart review to ensure our coding for HSMR is as accurate as possible to paint a true picture of our in-hospital mortality rate



As always, we continue to conduct regular multidisciplinary 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. In review of these deaths, no concerns or trends have been reported to the Medical Advisory Committee's Joint Quality and Utilization Improvement Committee.

Medication safety is an important factor in eliminating 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, 78 per cent of patients had a BPMH taken upon their admission, up from 74 per cent at Q1 of last year. 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 on this target is by embedding the medication reconciliation process in all admission order sets. Four new pharmacists will focus on this work over the coming year. We are also rolling out a physician education program to improve their engagement in this important process.

In Q1 there were 13 incidents associated with morphine and hydromorphone, which is only one away from our target of 12. This is a significant improvement compared to 23 incidents in Q1 of last year. Nursing education on proper administration of these drugs continues and there is a hydromorphone alert built into our Automatic Drug Dispensing Cabinets. 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. It is important to note that there were no incidents involving incorrect administration of hydromorphone, which is a much more potent drug than morphine.



Falls are one of the top three sources of preventable harm to patients at KGH. We measure the level of moderate and severe patient falls that occur within our hospital walls against a target of zero. In Q1 there were four patient falls labelled as moderate to severe. In these cases, investigations are undertaken to review the circumstances and see what lessons we can learn from those most closely involved in the event. To help us eliminate patient falls, we are aiming to complete a falls risk assessment and a mobility plan for all patients at KGH.

Sometimes, when a patient has been immobilized for a lengthy period of time, they run the risk of developing skin ulcers, which can quickly develop into more complicated health issues. This year, we are working to reduce the number of patients who experience skin ulcers by 25 per cent on three units that have the highest prevalence of these incidents – Kidd 2, Kidd 6, ICU and Connell 10. To do this, we will be conducting a skin assessment on every admitted patient to determine if have a pre-existing skin ulcer. As this is a new metric, we do not have data to report as of Q1. In Q2, a dedicated staff member will be conducting prevalence and risk assessment audits and sharing this information with staff to improve awareness. We are also adding a skin and wound integrity category to our Safe Reporting system to facilitate reporting of this important patient safety issue.

When a specimen is taken from a patient for testing there is an expectation that it will be tested quickly and accurately to support their diagnosis and treatment. However, sometimes these samples are collected or stored improperly, or are mislabelled or mismatched. In Q1 we continue to see a positive downward trend with 71 mislabelled specimens, down from 109 in Q1 of last year. This is a dramatic improvement from previous years which saw numbers in the hundreds. This quarter we introduced a pilot project involving the phlebotomy team on the ICU that showed increased compliance with specimen collection protocols. During this pilot interprofessional teams worked to identify and implement opportunities for improvement. To support wider dissemination of these proper collection protocols, we are rolling out a staff education program in Q2.

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. Our current focus is on sustaining our high performance with this indicator and expanding the Surgical Safety Checklist to other procedural areas of the hospital where there is opportunity to improve patient safety.

Eliminating all preventable delays

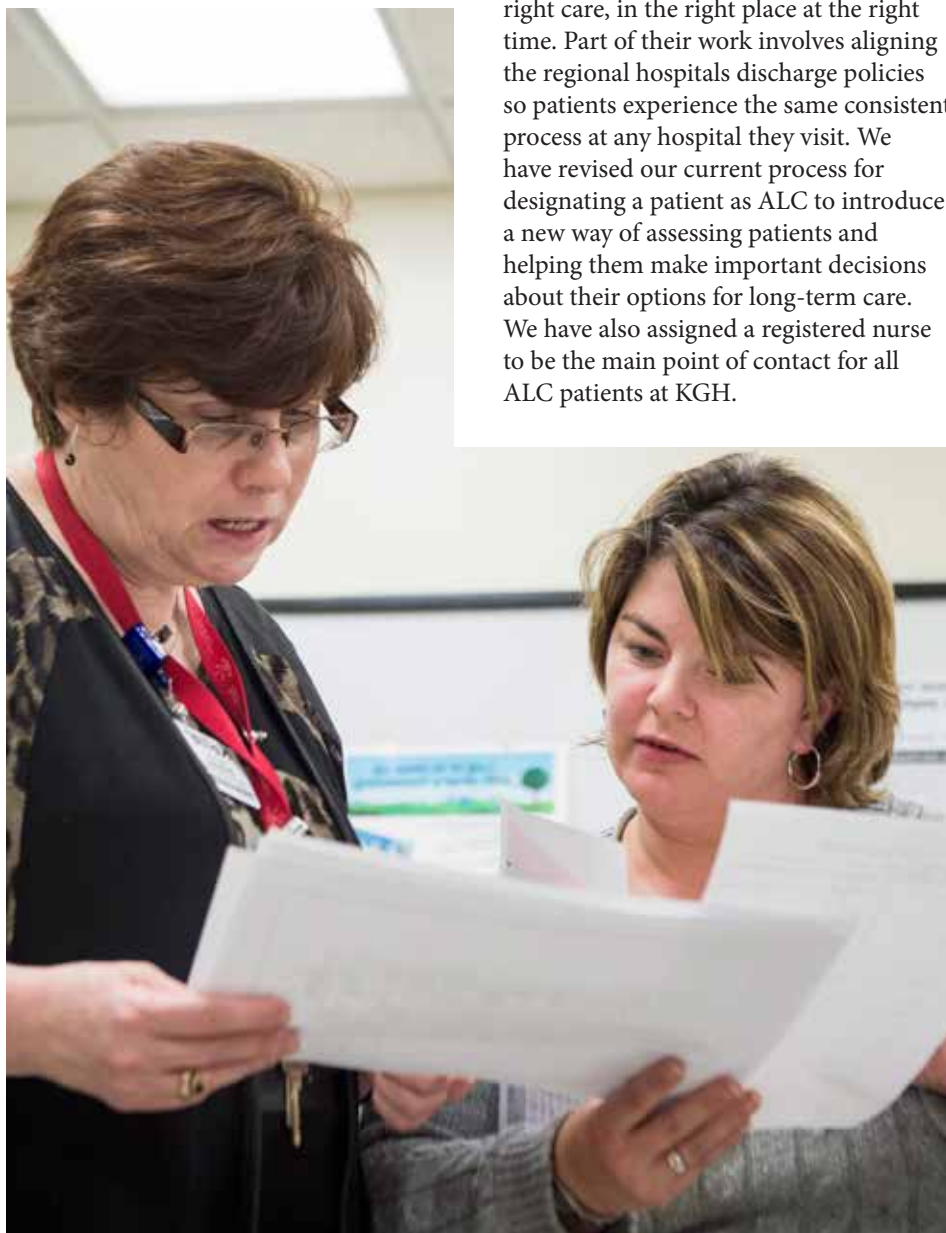
A key part of delivering Outstanding Care, Always is making sure our patients don't experience any unnecessary delays in their journey to, within and from KGH. This year, we've continued to make it a top priority to reduce wait times, lengths of stay, the number of patients waiting in our hospital for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

Last year we put a tremendous focus on improving patient flow throughout KGH. Known as operation 'Get out of Gridlock' (GOOG), this work focused on how we can move patients more efficiently through the hospital and free up bed space so that new patients can be admitted. As part of this initiative, leaders and staff from across the organization held daily huddles to review data from the previous day and make plans together for potential discharges and patient moves for the following day. These huddles provided new opportunities for teams to work together who hadn't before and to share best practices and lessons learned. Teams were encouraged to study barriers to patient flow objectively and to come up with solutions they are then all accountable to implement. This environment allowed for open conversations, clear understanding of roles and responsibilities and the creation of a well-defined process for how we can work together when patient flow issues arise. This approach is now becoming part of our KGH culture and process.

Today, when we experience surges in clinical activity we are able to work together in a quick and smooth manner. In Q1 we saw a significant improvement with the amount of time that patients wait to be admitted to our ED. In fact, 2,567 of 2,821 patients were admitted within 29.7 hours, which is just 0.7 away from our target of 29 hours and is our lowest wait time in more than three years. This success is a reflection of the hard work and collaboration of teams across KGH.

Our focus now is on sustaining our gains and identifying further opportunities to reduce the length of time patients wait to be admitted into a hospital bed. The Patient Flow Task Force with representation from our interprofessional teams, peer hospitals and Community Care Access Centre (CCAC) continues to meet twice a month and works together to plan smooth transitions for our patients within and between hospitals and other care settings, as well as to better predict and manage patient flow issues.

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 saw an average of more than 50 ALC patients per day. Along with our regional partners, we have a committed focus and several initiatives are in place to reduce this number. We have mobilized a regional team of our partners and two Patient Experience Advisors to help develop a long-term solution so that patients in our region receive the right care, in the right place at the right time. Part of their work involves aligning the regional hospitals discharge policies so patients experience the same consistent process at any hospital they visit. We have revised our current process for designating a patient as ALC to introduce a new way of assessing patients and helping them make important decisions about their options for long-term care. We have also assigned a registered nurse to be the main point of contact for all ALC patients at KGH.



KGH 2016 Outcome	2015/16 Improvement Priorities	2015/16 Targets	Status
Patients are engaged in all aspects of our quality, safety and service improvement initiatives	Partner with patients to improve communication issues identified in patient surveys and feedback	Inpatients who respond good, very good, and excellent to “overall how would you rate the care you received at the hospital” increases from 94 to 97 per cent	Green
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 .34 to .24	Red
		Hand hygiene compliance rate improves from 85 to 95 per cent	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, falls and skin ulcers	Every patient receives medication reconciliation at admission	Red
		Level 3 and 4 patient falls are reduced from an average of 3 to 1 per quarter	Red
		The number of incidents associated with morphine and hydromorphone are reduced to 12 per quarter	Green
		Reduce specimen collection and labeling errors from 76 to 45 per quarter	Red
		All three phases of the Surgical Safety Checklist are performed for all surgeries	Green
		Twenty-five per cent fewer patients experience skin ulcers on Kidd 6, Connell 10 and our Kidd 2 ICU	Yellow
All preventable delays in the patient journey to, within and from KGH are eliminated	Reduce wait times, length of stay, avoidable admissions and the number of patients waiting in our hospital for alternate levels of care	ED wait time for admitted patients improves from 31.6 to 29 hours	Green
		Percent of ALC days improves from 14.8 to 10	Red
		Clinical services meeting wait time targets reach 90 per cent	Red
	Manage occupancy rates to optimize patient safety, flow and quality	Overall medical/surgical occupancy rate improves from 102 to 95 percent	Green

In Q1 we also had a South East Local Health Integration Network (SE LHIN) team visit us to review how we handle ALC patients as part of an effort to find best practices and share them across the region. We expect to receive their report next quarter and will review it for opportunities for improvement at KGH.

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 so we can 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 a decrease of our medical/surgical occupancy rate to 94 per cent, which is reflection of our teams’ hard work, collaboration and relentless focus on our ‘Get out of Gridlock’ initiatives.

As of Q1, 58 per cent of our clinical services met wait time targets for priority four wait times against our target of 90 per cent. 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. When a patient is assigned a priority four, they are considered the least critical for getting into surgery and are given a surgery spot that balances their need with those of the more critically assigned patients. Education is underway

to ensure consistency in how priority scores are assigned across departments and physicians, and routine monitoring of patients with extended waits is taking place to proactively identify where patients may be waiting too long for surgery. Increasing demand on surgical space and patient needs make it difficult to meet all surgery needs within the targeted time. This pressure is a major focus of Health Care Tomorrow, a process that is looking at how we can better align hospital services across the region to help patients receive the care they need when they need it. As we work with our regional partners on Health Care Tomorrow, we expect to see our clinical services performing better on this wait time target.



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 continuing to work on increasing 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 up from 92 per cent in the previous quarter. To help move us closer to our target of 98 per cent compliance, we are targeting areas who are not yet achieving the target to make leaders aware and supporting those teams with education.

KGH 2016 Outcome	2015/16 Improvement Priorities	2015/16 Targets	Status
Our interprofessional collaborative practice model 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 of patient- and family-centred care standards improves from 93 to 98 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. Research space at the hospital currently totals 58,417 square feet. This space supports over 500 researchers, research staff, students and trainees. Over the last several years, it has been a challenge to provide suitable research space. To meet the needs in our existing areas of research strength, additional space is vital to sustaining

KGH 2016 Outcome	2015/16 Improvement Priorities	2015/16 Targets	Status
Externally funded research at KGH has increased by 50 per cent	Advance the plan for a Kingston-wide health research enterprise	Open the William J. Henderson Centre for Patient-Oriented Research	Green

our capacity to support our research community today and tomorrow. That's why we're creating the new William J. Henderson Centre for Patient-Oriented Research on Connell 4. The creation of the new Centre will help to improve researcher and patient access to high quality services, create readiness for future research system transformation and make the best use of investments from our government and community. The multidisciplinary research programs that will be a part of the new Centre are well positioned to translate research into practice, increase public and private sector partnerships, develop new intellectual property, and translate knowledge that can directly influence the standard of care delivered in our region and beyond.

This quarter we submitted sketch plan approvals for both Phase 1 and 2 of the project to the Ministry of Health and Long-Term Care and reached our fundraising goal of \$3 million. We expect construction to start in the summer of 2016 with the Centre opening in the winter.





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 need to refresh our strategic plan to help guide us in the everyday decisions we make that impact the patient experience at KGH. This year, we are working with our regional partners on a project to review how current hospital services are provided. Health Care Tomorrow is a collaborative project between the seven hospitals in our region, the Community Care Access Centre (CCAC), Queen’s University and the South East Local Health Integration Network (SE LHIN). The project vision is focused on improving access to high quality care through the development of a sustainable system of integrated care. This work will help inform our next long-term strategy for KGH, which we are on track to deliver at the end of this fiscal year.

This year 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 Q3 of the last fiscal year shows that 17.18 per cent of patients need to be readmitted within 30 days of discharge, above our goal of 12.9 per cent. 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 of discharge to facilitate their ability to provide follow-up care.

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 outperforms the expected Ministry of Health and Long-Term Care rate rate.	N/A
	Engage the KGH community of people to help us shape the future of KGH	Deliver a long-term KGH strategy in the context of Health Care Tomorrow	Green

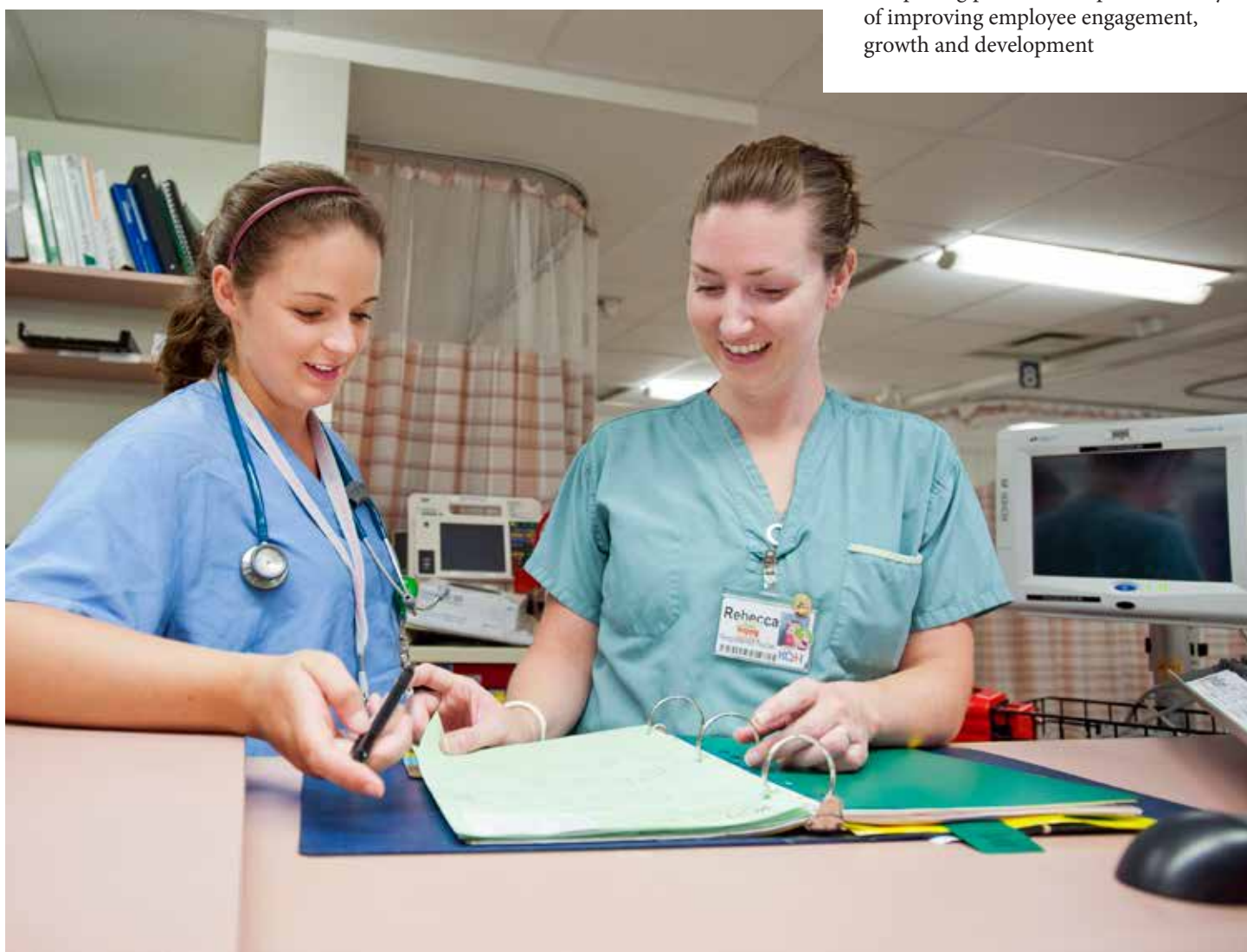
Enabling high performance

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. One of the ways we can do this is by providing opportunities for employee education, learning and development. In fact, this was one of the top areas of improvement that our staff identified in our last engagement survey. This year we are looking to increase the number of staff who respond 'yes' to the question 'does

the organization provide opportunities for employee education, learning and development?' by 20 per cent when we conduct our next survey later this fall. To do this, we have redesigned our learning strategy, allocated money for corporate education so staff can pursue professional development opportunities, purchased access to Harvard ManageMentor to support our leaders in their development, and conducted a senior leadership talent review to help us understand our leadership strengths and prepare for the future.

Performance conversations are part of employee engagement and continuous development for staff. To help ensure these conversations are taking place, we are aiming to complete another 1,500 performance reviews and agreements this year. In Q1, 158 performance reviews and agreements were completed against our in-quarter target of 375. The deadline for completing performance reviews for our non-union staff was shifted into Q2 so we expect to meet our next in-quarter target. Information sessions for staff and leaders continue to reinforce the importance of completing performance plans as a way of improving employee engagement, growth and development

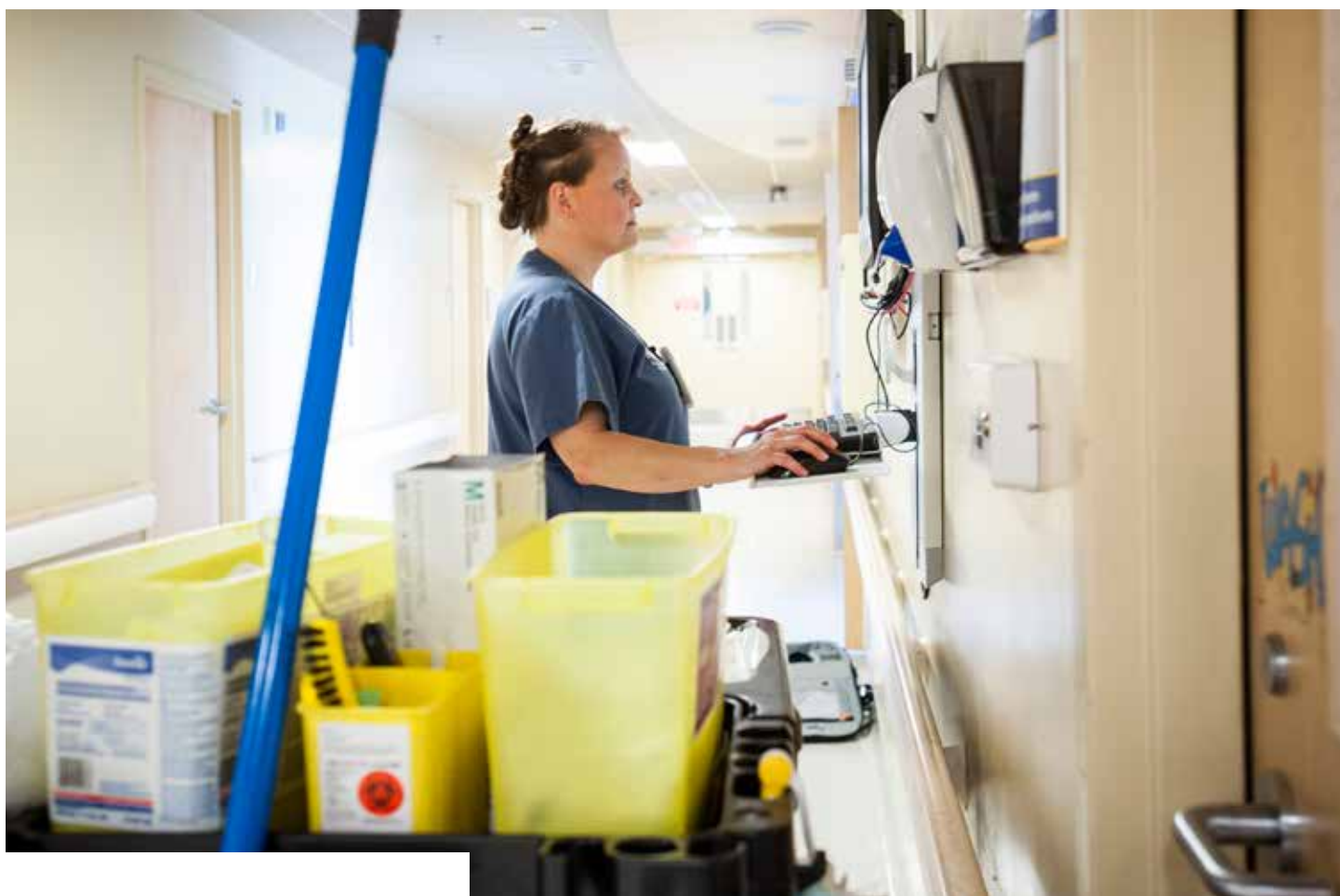


Providing a safe, healthy workplace

Workplace safety is a high priority at KGH, and we believe that safe staff equals safe patients. Last year, we saw that 30 per cent of our lost time injury claims and 50 per cent of health care claims submitted to WSIB were as a result of MSI injuries from patient mobilization. This year, we are aiming to reduce the number of MSI injuries in staff as a result of inpatient mobilization by 20 per cent. In Q1 there were five incidents, against our target of 11. Through regular patient mobility assessments, use of appropriate patient handling techniques, and use of appropriate assistive equipment, we will continue to reduce the risk of injuries to patients and staff.

In the hospital environment there are times when both staff and our patients and families are faced with situations of high emotion and stress. Sometimes these situations can escalate and result in physical harm to our staff. This year we are measuring the incidents of staff injuries related to workplace violence with the aim of decreasing these incidents from 50 to 44. In Q1 there were 19 incidents against our in-quarter target of 11. One of the ways we are addressing this issue is by requiring units to implement a Behavioural Crisis Alert Program (BCA) Program where patient risk of violence is identified so we can plan and put supports in place to prevent violence from occurring. Audits have shown that there has been low compliance with implementing the BCA Program. In Q2 we will focus on providing training to reinforce consistent application of the program and ensure that the appropriate risk reduction care plans are being developed.





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 1 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.

This year, we continue to step up our cleaning audit performance, which has significantly improved over the past six years. Every month, we audit our own cleaning performance and two times per year, we undergo cleaning audits by an external auditor. Our latest external audit shows an 80.3 per cent compliance with cleaning standards against our target of 85. We are focusing on improvements in some key clinical areas such as our emergency department, endoscopy and dental departments. We will also be increasing the number of internal audits we conduct in those areas, as well as reviewing the duty lists that are currently in place to ensure that we have the right cleaning staff in the right places doing the right jobs.



Improving care through technology

Keeping pace with emerging technology is essential in the business of health care. This year we have launched several new technology projects, which are being implemented on schedule.

We are working with our partners through the Health Care Tomorrow project to explore 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. We are investing in our KGH clinical laboratory with an Automated Chemistry Track project. This investment will automate specimen testing and help improve patient safety through less risk of incorrect testing, reduce specimen handling by staff and ensure predictable turnaround times for specimen testing. Our new Staff Scheduling and Time

Capture system rolled out in Q1 as a way to centralize scheduling, increase efficiency and create capacity for front-line managers to work to their full potential. In the first several weeks of implementation, we have learned from the challenges introduced by the new system and are adjusting the pace of the roll out and our service model accordingly. We are redeveloping our internal and external websites at KGH to enhance communication with the KGH community of people. The Connecting Northern and Eastern Ontario (cNEO) project will enable health care to move from silos of information to an integrated information system and result in a more coordinated approach to health care in the province.

In Q1, all five technology projects are on target and are expected to be implemented as planned.

Sustaining financial health

We have made great strides to improve the financial health of our organization over the past six 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 while continuing to invest in our future.

Our total 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. In Q1 our total margin is 3.86 per cent, which puts us within the acceptable range for this indicator.

As always at this time of year, hospitals across Ontario are busy putting together their budgets for the upcoming fiscal year and KGH is no different.

For the fourth year in a row, the province will not be providing any additional funding to offset rising costs due to inflation. On top of that, changes to the provincial health care funding formula have resulted in shifts of funding across the system. Here at KGH, we have seen a reduction in our allocation, which means the search for savings and efficiencies is on once again. As we engage everyone who works, learns and volunteers at KGH to help us find solutions to our financial challenges, we are committed to providing safe, high-quality, patient- and family-centred care.

We will sustain our \$20 million investment in the building infrastructure, technology and equipment that we need to deliver Outstanding Care, Always. This includes funding provided from the

Ministry of Health and Long-Term Care Health Infrastructure Renewal Fund and estimated funding to be provided by the University Hospitals Kingston Foundation and the Kingston General Hospital Auxiliary, whose generous support enables us to purchase much needed equipment to enhance the comfort and care of our patients and families.

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!

KGH 2016 Outcome	2015/16 Improvement Priorities	2015/16 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	Staff who respond "yes" to "does the organization provide opportunities for employee education, learning and development" improves by 20 per cent	Green
	Align organization and individual accountability	1500 additional staff participate in performance reviews and agreements are completed (phase 2 of 2)	Red
All preventable harm to staff is eliminated	Reduce the incidence of musculoskeletal injuries and incidents of workplace violence	Musculoskeletal (MSI) injury claims from staff are reduced from 53 to less than or equal to 42 per year	Green
		Staff injuries related to workplace violence are reduced from 55 to less than or equal to 44 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 reaches 85 per cent	N/A
Rapid transmission of information improves care and operational efficiency	Focus organizational project resources on strategic technology projects	Strategic technology projects are implemented on schedule and on budget.	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 reaches \$20 million	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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