A word from our Stakeholders

This document contains transcripts of each of our stakeholder engagement sessions which were held from October 2009 to April 2010:

- Operations excellence external – February 24, 2010, 10 am-12 pm
- Operations excellence internal – February 24, 2010, 4-6 pm
- Senior citizens – March 8, 2010, 8-10 am
- Opinion leaders – March 9, 2010, 8-10 am
- Learners internal – March 10, 2010, 7-9 am
- Learners external – March 10, 2010, 11 am-1 pm
- Research internal – March 11, 2010, 4-6 pm
- Patient advocates – March 12, 2010, 8-10 am
- Access to care and clinical quality + outcomes – March 23, 2010, 7-9 am
- Healthy workplace internal – March 23, 2010, 9-11 am
- Access to care and clinical quality + outcomes – March 23, 2010, 6-9 pm
- Patients – March 24, 2010, 6-8 pm
- Access to care and clinical quality + outcomes – March 25, 2010, 6-9 pm
- Learners – March 31, 2010
- Access to care and clinical quality + outcomes – April 8, 2010, 7-9 am

Internal Engagement Sessions:

- Board Retreat Summary - Oct. 19, 2009
- Just Imagine Leaders Forum - Dec. 15, 2009
- Promise and Principles PPC - Dec. 16, 2009
- Promise and Principles NPC - Dec. 17, 2009
- Promise and Principles Managers - Jan. 12, 2010
- Promise and Principles Board Input - Jan. 13, 2010
- Promise and Principles Leaders Forum - Jan. 19, 2010
- Promise and Principles Emergency - Jan. 20, 2010
- Corporate Services Input and Principles - Jan. 20, 2010
- Promise and Principles Union Leaders - Jan. 21, 2010
- Promise and Principles D4 ICU - Feb. 2, 2010
- Promise and Principles K2 ICU - Feb. 3, 2010
- Promise and Principles General Session - Feb. 3, 2010
- Promise and Principles Connell 4 - Feb. 9, 2010
- Promise and Principles Governors - Feb. 10, 2010
- Physical and Occupational Therapy - Feb. 10, 2010
- Third Floor Clinic FAPC - Feb. 16, 2010
- Leaders Forum Strengths and Capabilities - Feb. 16, 2010
- Promise and Principles Environmental Services - Day, Feb. 22, 2010
- Promise and Principles Environmental Services - Evening Feb. 22, 2010
- Promise and Principles Connell 9 Medicine - Feb. 22, 2010
- Promise and Principles Kidd 7 - Feb. 23, 2010
- DI Group - Feb. 24, 2010
- Promise and Principles Renal - Feb. 24, 2010
- Promise and Principles Session 1 - Feb. 24, 2010
- Resource Pool - Mar. 2, 2010

- Work Life at KGH - March 4
- Clinical Educators Learning - Mar. 24, 2010
- Staff as Patients and Family - Apr. 7, 2010
- Responses to Learning Questions - Apr. 10, 2010
- Promise and Principles FAPC Staff - Apr. 16, 2010
- Promise and Principles Current Patients - Apr. 19, 2010
- Plant and Engineering - Apr. 20, 2010
- Promise and Principles Session 2 - Apr. 21, 2010
- Input gathered by PTs and OTs prior to engagement session

Transcripts from the following sessions were lost due to a computer meltdown. We apologize they are not available, but assure you that the feedback was reviewed and incorporated during the strategic process. Those sessions include:

- Kidd 9
- Connell 10
- Joint session of Kidd Davies 5, NICU, Labour + Delivery, Pediatrics
- Healthy workplace external, March 22, 2010

Operations Excellence Engagement Session (External), Feb. 24, 2010 10 am - 12pm University Club

Participant Feedback

From your perspective, in your industry, what does Operations Excellence look like? How can it help KGH achieve its promise of Outstanding care, always

- Know core business: can't do all things for all people
- Provide excellent service to core customers
- High quality professional service
- Understanding: communicated outcomes and expectations to get to it§ Manufacturing and distribution: distribution is one of key things we work on to serve customers: inventory management
- Know your key success factors
- Identify when you don't know something and bring in partner if necessary
- Teamwork
- Communication at senior level is critical
- Meeting customer expectations
- Achieving outputs with best use of inputs
- System is very fluid
- Project managers manage process: don't have to know everything
- Increasing margins by reduction in costs in product delivery: products to customer and payment in timely manner; superior patient outcomes are key deliverable from new technologies

If we are successful, what could Operations Excellence look like at KGH in 3 years?

- Outstanding customer experience (patients)World class surgical care to patients by getting best products to patients in timely and efficient way
- Overall costs of best technology for patient drives best care
- Employee survey results mimic customer experience
- Positive metrics from customers
- Stakeholders and staff happy
- Shift focus to innovation in different areas
- Within budgets
- Decreasing incidence or elimination of NCI (nosocomial infections)
- Absence due to illness decreased: well employees
- Positive relationship + buy-in to operations excellence process
- Performance appraisal excellence
- Leading examples in abstracts on LEAN processes
- Making noise about successes
- In mode of anticipating needs
- Case studies
- Consistent standards
- Employee satisfaction
- Good employee morale
- Culture of continuous improvement
- Patient centric, high-value activities, measurable, respectable
- From the inside out

- Culture of process excellence is ingrained throughout the organization
- Have clear measurements in place for each department that cascade up and down the organization that reflect the operational excellence targets§ Common goals and understanding of how to drive efficiency in patient care, eg. Every employee knows how to address problem areas and has measurable objectives in place
- 6 sigma experts in each department
- Improving financial and customer satisfaction scorecard
- Lean
- High performance workplace
- Life-long continuous change
- Right to challenge

What specific initiatives do we and our partners need to undertake to achieve Operations Excellence in 3 years?

- More from acute to home
- Move to prevention from treatment
- Engage primary care physicians and specialists
- Continuous versus batch processing
- Remove redundancies
- Do things once
- Deliver on time – meet expectations
- What are we stopping, doing, change continuous: patient flow, reduce waste, increase safety, EMS to Cath lab, bypass ER
- 80% cost = labour: Product cost is small. Therefore efficiencies are in process and inventory management
- Focus on case costs: unions? Outsourcing? Specific examples
- Vendor managed inventory direct to end user department
- Kaisan; 6 Sigma methodology;
- Move from acute to home disease management
- Clearly defined goals and strategy: cascade down to all employees and align to compensation: Align employee assessment and succession planning; identify disconnects
- Input required for above: 1) what are key cost drivers that impact KGH; 2) What are key levers that impact these costs? Which are you able to control?
- Life-long journey, 5 to 7 years. Three years is midway.
- National quality institute: PEP (Progressive Excellence Program)
- Change management
- We do not think in silos
- Review list of assets, buildings, etc., that are not part of core business
- How to cut budget without impacting service: think of bigger picture; can't be penny wise and pound foolish
- Are there efficiencies KGH and Queen's can do together for efficacy, eg buying or union contracts?
- What equipment is KGH buying that Queen's is buying for new medical school?
- Lining up PCL with other PLC clients, such as City of Kingston, eg drywalling
- Really need to understand who clients are and what needs are
- Stability in management; constancy in management
- Communication in vision and understanding
- Improvement in staff morale: belief in and engaged in vision

- Positive front face
- More innovative approach – thinking out of the box!
- Community partnering
- Identify core business
- Identify patient process
- Regionalization
- Internal: drive efficiencies; eliminate wasteful processes; happy, engaged employees; employ 'LEAN' processes; redundancies reduced; enhanced use of technology; standardized quality management systems; feedback and ideas from frontline
- External: measurements; research feedback; competitive position; focus on customers and care; understanding and anticipating needs; benchmarked with other industries;
- Promote video to public
- Establish measurement program and act on results
- Review all service contracts to assure on same page as administration
- A focused quality plan: a systematic approach
- Make employee wellness a priority
- Communicate strategy, execute, measure
- Marketing sensing and research agility
- Gain 'buy-in'!!, "change', measure and monitor
- Benchmark outside of hospital community
- Celebrate each win
- Know process flow: 'where am I at in process? Where next? How long can it be?' Customer information
- Parts distribution: centralized, accurate information; real time to front line
- Measuring: clear objective that can be measured for feedback Pay for performance
- Performance review for aligned goals
- Roadmap, manage expectations
- Manage expectations of staff, clients, stakeholders
- Alignment + consistency of process/standards
- Customer service, roadmap, information flow
- Incorporate staff participation in operations excellence activities as part of their work
- Employee engagement, communication, buy-in to empower
- Support continuous learning
- Patient 'exit' interviews on surveys
- Employee surveys
- Leverage private co-partnerships, especially clinical trials, as new revenue streams
- 'workout' to get front line engaged in change and improvement
- Systematic approach to organizational learning
- GE has management leadership training programs that it shares: tools, capacities, LEAN
- Corporate cultural exchange programs
- Partner to explore optimizing existing activities
- Need strong partnership with industry; union partnership "tail wagging the dog'
- Strategic plan for each care area
- Supply chain focus: 3-year horizon
- Product standardization, process/practical standardization
- Design excellence/ PE/LEAN – integrated process with culture to determine best practices, then integrated, efficient product ordering to 1 consolidated supplier to deliver stockless inventory direct to unit level: remove additional layer of redundancy warehouse/inventory management system (this adds complexity and cost)

- Reduce supply chain redundancy; LEAN process to product delivery; product delivery from warehouse direct to hospital unit level in a stockless environment
- Increasing quality, decreasing inventory overages, decreasing existing product, increasing safety
- Correct product to correct patient at correct time
- Direct supply chain process between primary warehouse and unit level of hospital (local warehouse is redundant (SCI)
- Embrace change management
- Be less risk adverse
- Remove redundancy in supply chain to improve quality, reduce inventory cost, reduce waste and increase safety
- Why five buckets? Why not 3: Operations Excellence, Innovation Excellence, Customer Excellence? Read Jane Collins "Good to Great'
- Train staff in Kaizen
- Translate to each 6 Sigma
- Empower employees
- Stop, keep, change
- Awareness of vision

What strengths and capabilities do we already have at KGH and in our region that we can build on to achieve Operations Excellence at KGH?

- New leadership
- Community pride
- Major employer
- Completion of redevelopment project
- Talent pool
- Excellent people
- Reputation/ teaching centre
- Leverage new team + capabilities, energy in short term
- Desire for change
- Sense of urgency
- Patient-care focus from all
- Kingston environment has 'quality of life' to attract talent
- Size of region is manageable – nimbleness; ie success rate for cardiology
- Teaching hospital embedded; community/culture
- Deep employee experience base
- Teaching hospital; recognition Queen's name
- Leaders
- Involved in national policies
- Trend setter
- Teaching capabilities
- Only tertiary game in region
- Stable workforce
- Queen's affiliation
- Strong clinical reputation
- Strong brand

Operations Excellence Engagement Session (Internal), February 24, 2010 4 - 6pm Old Cafeteria

Participant Feedback

From your perspective, what does Operations Excellence look like? How can it help KGH achieve its promise of Outstanding care, always?

- Operations excellence means "to be business, people and technically effective"
- Hospital stay is like clockwork from patients perspective – no bumps
- Staying current; identifying emerging trends
- Sustained improvement over time
- Creating the best bang for the buck
- Quality care is provided in a sustainable manner
- Providing the best service possible in an efficient way
- Efficient use of space and time
- Supplying the right thing at the right time at the right place
- Always striving to provide the best possible experience; right place, right time, right technique
- Timely delivery of health care
- Patient focus: patients identity their care is THEIR care
- Touching patients lives
- Listening to patient concerns
- Providing nutritious and appetizing meals in a timely fashion
- Safe environment for work
- Financial accountability
- People doing what they are trained to do
- Team building
- Allowing staff to use their skills to the fullest
- Working within full scope of practice
- Small groups with individual responsibility: empowering
- Teamwork
- No cancellations; no delays
- Patient-centred care without waste and delay
- Right patient, right place, right time
- Right care/service@ right time and place plus right price/cost
- Available information to make decisions and improvements
- Equipped, enabled and empowered staff teams
- Optimization of patient flow by determining maximum occupancy, combined with a strategy to effectively monitor for and break gridlock when it occurs
- Making efforts always, to tie efficiency initiatives with direct patient benefit; synergies are underappreciated but often patients do better when we are forced to become more efficient (eg. LOS)
- Utilization and resource management will be demonstrably a part of excellence in patient care for medical staff + house staff in addition to other providers
- Problem solving
- Knowing your greatest resource + target audience; for KGH = patients/families, staff, std* (external stakeholders)
- Responsible for continuous transparent communication

- Culture of trust: all levels trust all other levels to do their jobs honestly and effectively; trust and depend on each other; clear communication; reduce misunderstanding
- Patient centred care: 'customer service'
- Capital budget growth + teams of providers and support services with clear vision that transcends silos, departments, programs
- Smiles on everyone
- Say thank you
- Starbucks at front door
- Ability to perform a task with least amount of resource to get best outcome
- Meeting the standard consistently
- Hitting the mark consistently and as expected
- We deliver what we say we will
- Outcome is supported at every step
- Willingness and support for finding better ways of doing things
- Commitment to improving what we do as soon as we recognize need for improvement
- Getting it right the first time
- People doing things right; people know the role they play
- Using information and measurement to advance doing things better
- SMART objectives: specific, measurable, attainable, resourced, timely
- Executing to plan
- People doing the right things
- Performing as well as or better than peers
- Performing in accordance with fiscal objectives
- Performing in a BE REAL culture
- Reaching clinical targets
- Operations Excellence is a barrier-free workplace

If we are successful, what could Operations Excellence look like at KGH in 3 years?

- balanced budget
- no wasted capital
- a respectful environment
- staff engaged in corrective action plans and continuous improvement
- meets financial benchmarks
- meets productivity benchmarks
- hi patient satisfaction
- low sick time/absenteeism
- hi staff satisfaction
- low wait times
- low infection rates
- right patient in right bed
- replacement of pre-1970 buildings underway: refine priorities (labs, ORs, LDRPs, Emerg)
- scorecard indicators all met
- corporate and program goals and performance are visible on the units
- everyone is clear on where we are going (goals)
- happier staff, therefore more productive staff
- fewer barriers (elevators, physical barriers, attitudes)
- more efficiencies

- no waiting for any scans
- no cancellations
- new imaging equipment
- surplus $$$
- High job satisfaction
- Staff turnover low
- Focus on process, not people
- Healthier community
- Clear roles and responsibilities
- KGH is proactive, not reactive
- Worker-filed grievances are decreasing
- Multiple working elevators on the same day
- No wait time issues – access to diagnostics, consults, surgery is timely and effective
- Performance metrics drive support and collaboration and improvement (not blame)
- Utilization management
- Improvement is a staff mindset, a constant
- Staff are engaged
- Culture of process improvement: process excellence in every program and service
- Culture of constant search for excellence and looking outward beyond ourselves
- Comfortable workload which allows workers to perform at their expected high level of performance
- Seamless: we notice when we are not THERE, invisible to patients/customers, when we are doing work well: this is operations excellence
- Cooperation among peers
- We have service attitude
- Teamwork, no territoriality, passion for job
- We have tools to do the job, training to do the job and are empowered to do it
- Ken B will go back to ½ time in maintenance
- No longer them or us: we are one
- Human mistakes are opportunities to learn
- Effective labour relations: proactive versus reactive; Work better: no them versus us; More effective sincere communication; when questions are asked, we need answers: without the consequence will be a grievance; which ends up being costly to the organization.
- Working better together
- No rework
- Increasing employee satisfaction
- We will need more physicians
- Less meetings
- People will want to work here
- Staff are very happy to come here
- Know exactly where to go to get info and get job done
- Too many volunteers: need waiting list
- Decreasing patient concerns
- Increasing patient satisfaction
- Shorter wait times for beds and procedures
- Auxiliary donates $2 million per year
- Everyone will be happy
- Balanced budgets

- A well-oiled and on target budget machine
- No more ALC in beds in KGH
- No accreditation follow up: meet accreditation standards
- Specific outcomes; right people, prior preparation
- ALC patients less than 5%
- Boarding time from ER less than 1 hour
- Demonstrable capital budget growth
- Optimum recruitment and retention statistics
- Absenteeism down
- Satisfaction of staff, families and patients improved
- Passion for caring
- Pride in where you work
- Patients feel they have been navigated rather than shuffled from silo to silo through the system
- Positive energy
- Less inpatient tests and more outpatient tests
- No cancelled procedures or surgeries
- We will be able to tell patients what's going to happen to them and we know that it will
- Technology to support care, eDoc, teleconferencing
- We are better equipped to deal with the next set of challenges
- Healthy workplace
- Proud to work here
- Making people feel valued for what they do contribute
- OK to make mistakes
- We're growing
- On-site health club
- Workload manageable
- Get pat on the back
- We're all REAL
- Leaders walking around
- Smoke free!!
- Get the job done
- Laughter + fun part of the job
- Seamless from start to finish: no gaps
- Efficient deployment of our resources
- Employee satisfaction
- People have the tools they need to do the job
- Increased efficiency translates into improved access to care
- Performing at a high standard contributes to improved quality
- Employees are involved in problem identification and resolution: There is a system in place to identify issues and opportunities
- More value; few unnecessary tests; productive staff; less stressful environment and therefore less sick time; fewer obstacles
- Our performance goals are clear and current
- There is an accountability framework: If performance is not good, what's being done
- Excellent, efficient processes in place. Necessary supports: elevators, porters, proper paperwork, cooperative environment
- There are no barriers to the staff being a le to do their job

- ECU patients arrive on time to MRI for scan: magnet time not wasted; patient scan completed; patient diagnosis to physician speeds treatment

What specific initiatives do we need to undertake to achieve Operations Excellence in 3 years?

- Replace pre-1970 buildings: refine priorities (labs, ORs, LDRPs, Emerg)
- Communicate
- Advocate
- Initiate projects: electronic chart to provide access to information and eliminate duplication of work
- Empower mainline staff to recognize, work on and resolve issues
- Work together to improve processes
- Acknowledge and work on even the little issues
- Initiate leadership and change management strategy
- Build skills and abilities and get tools for improvement processes
- Help our area be as efficient as possible in order to assist other departments in their efficiencies
- Align programs and department strategic plans with KGH's strategic plan
- Think of the patients' perspective then meet their expectations
- Remove the obstacles that can be removed
- Try to enlist my peers in achieving
- Provide training and facilitation in a continuous improvement process (LEAN/Six Sigma)
- Improve DI's process so they improve life for the service areas
- Share positive attitude with everyone
- Believe we can succeed
- Focus on process, not people (continue the positive trend)
- Rework and rework of problems needs to stop. Less talk, more action.
- Finish what we start
- Sincere and effective communication to provide for problem resolution
- Great people, great patients; get them together
- Highlight and reward creativity
- Information technology investment
- Enhance partnerships with regional partners, LHIN, Ministry, LTC partners, primary care community
- Recognize performers every day
- Share positive feedback
- Lead by example
- Say 'good morning'
- Promote areas of excellence
- Begin to allow additions to 'capital list'
- Simplify! Simplify! Simplify!!!
- Take steps away; streamline things: keep it simple
- Push decision-making to the lowest level possible: hold people accountable
- Maximizing value and minimizing waste: 'Ing'eongoing
- Empower staff by: self-scheduling, delegation of responsibilities, accountability, Rewarding excellence
- Financial responsibility: strong partnership with Finance; allocate resources efficiently; department/programs in alignment
- Patient care: seamless, electronic chart, efficiencies gained through technology

- Need to remove barriers; proper regulations; no physical barriers
- Demonstrate value for money: justify value versus FTE; documentation of care

What strengths and capabilities do we already have at KGH that we can build on to achieve Operations Excellence?

- People
- Excellent location from a geographic perspective
- Excellent research on site
- Smart learners
- Small community where you can get to know others
- We have committed staff who can make it better: this is our hospital
- Willing to participate
- Shared knowledge and learning
- Skills, knowledge
- Enthusiasm
- Time
- We have a dogged persistence
- We want to be better
- Community wants KGH to win
- Educated, highly skilled
- Staff want to see positive change
- Willingness to seek out and learn from others
- Attitude to change
- Extensive experience dong more with less
- We're ahead of the curve
- Creative and innovative people
- Good people
- Pushing to get direction and focus
- Engagement like never seen: "PIP-itized"
- People with lots of good intentions; everyone trying their best; Good foundation!
- Committed workforce
- Lots of ideas
- All have capability to learn/deliver on objectives
- We have talent
- Seeing the results form our intended direction: a good start
- Desire improve
- We all have a choice to do our job with a positive attitude
- Translucent now; increasing transparency

What can you and your team contribute to achieving Operations Excellence at KGH in 3 years?

- Enthusiastic leadership; we can lead by example
- Keep things simple
- Relationship building
- Let people know who we are and what we do
- Get excited about the future: new KGH
- Commit to continuous improvement

- Embrace change
- Deliver what we say we will
- Learn more about your area to provide greater support/ideas
- Lead by example
- Support managers and staff to deliver
- Be REAL and realistic
- Get focused on being a ‘go to’ program
- Recognize we all play a part; Stop whining; participate!!
- Move the cancer program to top 25% in the province
- Be part of the solution, not the problem
- Keep trying to improve
- Strive for better service, always
- Be positive
- Collaborate and support others
- Right patient, right place, right time = medicine
- Enable transformation with technology
- Continue to engage in best practices
- Lead by example
- Show that innovation and clinical leadership can still happen in a restricted resource environment
- Leadership group can be ‘translational ambassadors’ between senior leadership and front line

Senior Citizens engagement session - March 8, 2010, 8am - 10am

Participant Feedback

Tell us about a time when health care was excellent. What are the factors that contributed to this experience?

- Quick care
- Fast Diagnosis
- Quick Response
- Rapid access to expert care in an emergency
- Clean environment
- Sterile procedures performed properly
- Conscientious caregivers
- Not shortcuts – take the time to do things right the first time
- Cataract diagnosis – within 3 days saw a specialist
- Doctors provide good info
- Treated with thoughtfulness and respect
- Timely service appropriate for the problem
- Respect
- Professional – understands my problems
- Communication and what was communicated
- Not being forgotten
- Remembered that my life is important too
- Appropriately included family and loved one
- Person with visual problem found the nurses go out of their way to explain and take the time – doctors picked up on this and started to explain exactly what and when. Made it easier and relaxed knowing what was happening
- Negative experience – visually impaired individual was left in the hallway on display for a long period of time – felt on display
- Positive experience when son broke his femur at 9 months old – treated at CHEO
- Health care professionals a team in caring for you
- When daughter was in critical care at both McMaster and KGH the common features were that the family received attentive, sympathetic care. Communication across the team that was about my daughter's care. When at Mac, my daughter was in the hallway but something about it made it a good experience – communication and not feeling left behind. Nurses at St. Joes are different from KGH. At KGH they are professional but they seem stressed and didn't have the same time for the patient and family – meant for a different quality of experience
- Strengths in the system – critical care. Weaknesses – every day – no comparison. Huge individual differences, more negative experiences than positive
- As client, at 25 was in hospital for 7 days and had an amazing experience – parents had questions answered. Observed older patient (80 yr. old.) with same condition – not treated with the same respect. Talked at the end of the bed (patient hard of hearing). Talked disrespectfully about her.
- As a young person the older nurses made me feel comfortable in a personal way about personal care issues
- Ottawa heart Institute – timing excellent, communication excellent

- My most outstanding experience – when a resident in the eye clinic used his diagnostic skills and "gut' feeling that I had shingles progressing into my eye. Prescribed the required medication on Friday and a return visit on Monday. I think he saved my eye!
- Ottawa Heart Institute experience was outstanding. Timely, quality treatment in a highly specialized facility. I was in, investigated, treated and released in two days. My quality of life was greatly increased.
- Paramedics- excellent front line care
- "Because I have grey hair doesn't mean I can't understand or don't need a voice in my treatment.
- After care is lacking –mostly due to over-extended staff. Particularly frightening for the elderly
- KGH should be setting the standard for defining "outstanding"
- KGH is essentially two units with only partial linkage – 1) overloaded and poorly run "Emergency" or OPD. 2) Largely very well run inpatient care.
- Outstanding experience – my 85 year old mother broke her hip and received a replacement within 2 or three days
- Outstanding Care – a future state vision but may not represent reality now
- Compare to other hospitals i.e., Sunnybrook in Toronto
- Outstanding Care – what are the metrics?
- My wife was diagnosed with Breast cancer and had surgery within a day or two.
- Cooperation between community hospital and KGH
- Ran lots of tests
- Never left me
- Treated with respect
- Quick surgery when required
- Diligent
- Worked well with outside care givers
- Treated like family
- Consistent care team
- Related well with staff
- Education of the public needed to sort out the ER – the general public things it is the place to go
- PR required to define role of KGH as tertiary centre and HDH as urgent care (not life threatening)
- General public does not always know how to access care due to lack of GPs. Emphasis on clinics etc. needs to be addressed.
- Communication with patient doesn't always work after immediate critical care
- Difficulty accessing the system
- Advocacy needed
- Have everyone take their boots off in the winter and provide paper slippers – not sure how to implement
- PowerPoint was too fast for this age group
- Comment overhead – if you have to go to hospital don't go to KGH – you come out with more than you went in with.
- Cleanliness, get rid of the carpet [x2]
- Need to prevent infection. Healthy workplace – needs to be cleaner. Do everything possible to value the cleaning staff. Focus on training cleaning staff. Integrate cleaning staff into the health care team.
- Challenge of being a trauma centre – communication to people whose surgery is bumped.
- Cannot trust system – outpatient clinic for minor injuries, etc. Public doesn't look for tertiary [care] elsewhere. KGH is the first line – do not understand. More explanation. If not in family health team where do you go – KGH.

Discussion of our five Guiding Principles.

Transparency means…

- Understanding where KGH stands relative to ideal ratios:
- What is ideal ratio of admin people and caregivers and where is KGH?
- Ratio of nurses to doctors on the floor
- Ratio of full time vs. part time/contract nurses
- Transparency –being informed as to what is happening, procedures, what to expect.
- Honesty with understanding (i.e., how information is communicated)
- Something you can see through
- Inform, provide the facts and ensure that people understand…the actual impact of the carpets, the reasons for the hospital's choices, how and why the $ are spent
- Have an independent assessment of the facts reported (like the Auditor General) more involved ombudsman
- No "spin" just the facts
- Address the real issue e.g., impact of dirty rugs
- Responsive – directly address our questions
- Ties to accountability – lack of accountability to the public –we don't hear about issues
- Public properly informed of the issues
- Don't just report the positives – the real story
- Inform the taxpayers – we could be part of the solution
- Our expectations can be in line with reality

Accountability…

- To patients (#1) the LHIN, staff, university, researchers, partners, taxpayers
- Accountability to identify to patient (whoever comes in the room) – maybe uniforms could identify people (don't know who is who). Everyone wears scrubs – not easy to distinguish between the cleaner and the surgeon (except perhaps you are less likely to see the cleaner!)
- Patients need to see staff wash their hands
- Fiscal responsibility
- Pastoral care visitation – in my experience not working– asked three times for visit and nothing
- To the patient to show you care about them
- Means preserving the dignity of the patient
- We need to know you care
- Lack of control or no control over numbers who move into area
- Cut costs by fewer tests – those that don't affect care but are just for the resident to learn
- Accountable for infection control
- Accountable to the taxpayer
- I saw my consultant in the OR and then not again until follow up – consultant after care is spotty in the hospital – I only say their team members
- Patients need to know that the employee cares for you – that they identify who they are and that they wash their hands
- Accountable to the patient for communication out to people waiting for surgery
- Scheduling of procedures; delays; lack of communication; leaving patients unattended and without communication about what is happening.
- Preserve the dignity of the patient

- Use the patient's name and not honey, sweetie or dear (respect)
- Staff members have been under great stress during re-construction projects and everyone needs to recognize that by choosing to upgrade rather than building a new facility (we chosStaff need to know we support them

Engagement Means…

- Engagement of public – better informed via website and invitations
- Community engagement – opportunity for input is appreciated
- Doctors are sometimes missing from the tables – it would be great to see them
- Engagement of staff between themselves and the patient level – better communication
- Engagement of the whole care team
- One aspect is communication – doctors and nurses do not do ward rounds together. Communicate with public – say a 1/3 page news brief in the Whig Standard once per month
- Engage volunteers – make better use of their skills, inform them of the opportunities
- Word of mouth is a powerful tool
- Sharing experiences face-to-face
- Use health column in the paper for better communication to the public. Monthly hospital updates

Value for Money Means…

- More nurses are good value (overworked)
- More staff at bedside
- Spend more on infection control (cleanliness)
- KGH to nursing homes – who is building the nursing home that we need?
- Redevelopment good value
- More dollars towards preventing staff burnout
- Moving through emergency faster
- External clinics?
- Connecting to outside services to prevent repeat visits
- Good food is good value
- Centres of excellence
- Connecting to outside services to prevent repeat visits

Respect means…

- Communication
- Dignity
- Appropriate inclusion of family no matter how difficult (remember they are stressed and you may need to adjust communication)
- Listening to the family (they know the patient best and know when behaviour is not normal)
- Members of the health care team communicating with each other
- Coordination of care for patient/person
- Opportunity for input into decision making (and that the input is considered)
- Not excluding the family
- Reducing waste in the system through better communication and communication

- If could only say things once it would be helpful
- Respect is adjustment to the needs of the patient – e.g., visual impairments, hearing impaired, English not primary language – "adjustment is a powerful word"
- Prepared to adjust communication to accommodate individuals --Hard of hearing individuals have challenges in the hospital – it would be good to have accessible rooms, amplifiers, check for hearing aids and working batteries, bring in volunteers to help. Use the "access" symbol of "ear" to convey hearing loss

We demonstrate respect by…

- Visible name tags (most are worn at waist)
- Advance notice of discharge conveys respect – patient, family and the team are the last to know
- When prepared to adjust communication to accommodate individuals
- A patient communications coordinator that family members can talk to and work with to coordinate the discharge (Peterborough has – KGH needs)
- Ease of accessibility for seniors –think about the long distances we make them walk for parking, movement in hospital – very difficult, very challenging
- Combination of language and symbols convey respect – says this is a place for everyone
- Team works to help visually impaired individuals by making sure food trays are within reach, the lids are taken off and the patient is oriented to where the food is on the tray
- Signs on the floor, help available to direct (volunteers), signage is one of the first signs of respect – a welcoming, says we care for you as an individual – colour, clear, contrast, symbols, language

We Count on KGH for…

- That our comments will be considered as part of the strategy development for June
- Provide me with healthcare within your budget (we want you to live within your budget)
- KGH is a hospital – we want professional, prompt care when we need it
- Keep us involved – we bring perspectives from community agencies and programs – counting on the opportunity to be at the table together (e.g., working together to streamline transportation for 3 patients coming to KGH from Central Frontenac for dialysis)
- Partnership
- Collaboration
- We recognize that staff are pushed to their max and cannot possibly do it all…have ears, eyes and hands everywhere. Partnering more with agencies such as the Canadian Hearing Society to offer specialized support while in hospital is crucial
- Counting on KGH to work in partnership and collaboration to facilitate a marriage of the practice to define instrumental and supportive elements, and core professional medical services to achieve quality care
- KGH is not alone, there are a number of physicians who could – might – help say in emergency. Maybe nurses too
- Engage fully with other hospitals in Kingston
- Repeat this exercise after a time to see how change and have made a difference
- Your difficulty in implementing changes
- Continue meetings
- Care when you need it
- Better communication about sessions

Opinion Leaders engagement session - March 9, 2010

Participant feedback

Tell us about a time when health care was exceptionally excellent. What factors contributed to your experience?

- Cheerful positive attitude of staff especially in the cancer centre
- Administration issues – coordinating appointments and multiple testing
- Why does treatment vary from KGH to Brockville
- Phenomenal care through emergency
- Dealing with the issue promptly – doctor made home visit
- Staff go the extra mile
- Care was all connected
- Care was good – some waiting
- Integrated care was excellent – HDH pre op, KGH operative, and St. Mary's – post op
- Emergency care – fast and impressive for tests, etc.
- Improve quality of food
- Palliative care experiences (x3) – two home based and one based at St. Mary's of the Lake. Factors common to these experiences
- physicians available
- Staff and physicians informed and direct.
- Consistent, thorough
- Confidence in the team
- Communication between community team and hospital
- Staff had "all the time in the world" for aunt and niece who went to all Cancer Centre appointments in 3 years
- Palliative care team fabulous
- Care for the whole person
- Palliative care at SMOL inpatient – took care of the whole family. Excellent care of mother but also gracious, kind and compassionate to the family
- Nurses are what makes difference in experience ant the culture – recently witnessed a nurse who was stressed and short with response to patient in emergency
- Volunteers have a role to play in caring for the family
- Team, teamwork, consistency of effort, consistency of effort and continuity from one worker to another
- Home Care needs to be seen as part of the team – look at it as a system that cares, and the notion of well-planned hand offs
- Be aware of the 5% of the public who are using the hospital services and help them to seek care and services. Find out who they are.
- Some patients are less articulate and able to navigate than we are in this room
- Excellent/Positive internal environment
- Staff have to be informed, know hospital politics and know Leslee.
- Positive community feel, staff have input into the processes, buy in and there is internal messaging
- Have to get buy in, be open and make people feel comfortable.

- Quality of staff - go the extra mile, take the extra little steps, and add something personal (doctors, nurses and cleaning staff). When it is great, it is great. Notice the staff who don't go the extra mile (when it isn't good)
- Should be able to pay for services in off hours (e.g., MRI). Story of an insurance patient who would have to wait three months for a mammogram but got it in 3 days in Alexandria Bay – why do we have to go outside to get the care we need
- Tried to book ambulance to bring dying father to the hospital – would have paid for it but it was not timely and very bureaucratic. In the end, family physician called an ambulance because it was easier.
- Seen at Ottawa Civic – fell and shattered elbow – someone took control from emergency --- physio – clinic. Top plastic surgeon. Always felt someone was in control
- Twin granddaughters with pneumonia in NICU – the nurses were "loving, caring, good interaction with the family, involved us, good communication.
- Car accident death…as a survivor care for by a team… all connected a chain of care, coordinated and in control
- Factors
- Front line workers are where care is delivered
- Pride, professionalism, caring, loving
- Can provide best care when…
- Sense of ownership
- Not overworked
- Key is ownership/empowerment – when this is missing when bureaucracy gets in the way
- Let them do their job
- Take charge, take care in all circumstances
- Contributed to seamless care – they are in charge of the situation
- Consistency in staff – not starting over every day
- No complaints about being busy or "that's not my job" or complaining to patients. Don't bring problems to the patients
- Service culture – make patients feel they are part of the team – culture

Engagement means:

- Information exchange
- Sense of ownership
- Community ownership through fundraising and programs good but we need to carry it further and have clusters within the community that people own

Demonstrated by:

- inform people in a way that is meaningful
- identify clusters of people – have one message so people know about hospitals before they get sick
- teach people in Kingston about health care – all three hospitals should participate
- foster a sense of ownership of the hospital
- make truth of what's happening in health care known to the public
- Getting the truth out by the way in which we handle how things go even when they go wrong. If based on truth they believe they are more likely to be engaged
- celebrate the fact that petty infighting not happening and its working together

- get people to help out so are part of the system
- capitalize on the groups people are already part of to get involved in the hospital and fundraise
- Ongoing system to provide feedback for staff, public and patients to feel that they are being heard and that there is a response e.g., Leslee responding to issues with the carpets and presenting the plan. Facebook and Twitter may become part of it …but majority of public are still reached through their small community newspapers
- We [opinion leaders present] are already involved and engaged. Focus on the other 90% that needs to be engaged

Respect means:

- Levels of respect – staff to patients, management to staff
- Respect to all team members
- Better respect for front line staff and their ideas
- Respect for patients
- Respect for the family – hard to get a prognosis
- Value of time
- Valuing staff's time and lives
- Respecting the value of volunteers
- More respect needed for patients with mental health issues

Demonstrated by

- Respect for the family demonstrated by clear timelines
- Keeping patients well informed (maternity – excellent)
- Giving patients time and tolerance
- Better communication to waiting patients and family members
- Better scheduling
- Method to show appreciation – shows respect to all levels

Accountability means…

- doing what your mandate says
- who is responsible for what – hospital, government, people
- Ethical accountability – professional, medical.
- Every patient expects the best

Demonstrate accountability by…

- electronic records
- accountability for my health information – continuity, quality, correctness
- efficient use of resources
- eliminate duplication, confusion, errors (e.g., 3 MRIs unnecessary and inefficient)
- responding to health needs in a timely way
- providing a timely diagnosis
- Primary accountability to public – is KGH providing what public needs?
- How do physicians become accountable to patients versus the system/costs?
- Important accountabilities are outside of KGH's influence/mandate
- Investing in preventative care (saves $?)

- Providing care and information that keeps patients out of the system - do physicians have freedom/mandate to do this?

Transparency:

- "public business is the public's business"
- Effective communication within the hospital and with the patient by using the same computer system
- Be open about problems – "fess up"
- We talk about it. We don't necessarily deal with it.
- Be open about alternatives in other centres
- Multiple opportunities for diagnosis – referral from KGH, opportunities for second opinion
- "Infection rates" "dirty" – do we know about it and what are we doing about it
- Transparency and accountability are related

What are you counting on KGH for?

- good healthcare
- aiding and supporting long term care and supporting timely transition
- preventative care
- timely access
- sense of ownership
- comity well informed, involved, part of system
- there when we need it
- leadership
- we should feel pride in Kingston's hospital
- bring new health care professionals to our community and keep them
- if we provide the best we attract the best and retain the best
- trained at KGH (and not just Queen's)
- want to be confident in expertise and cleanest, safest environment
- best health care for me and my family
- selfishly want KGH to be good
- strong team, known team
- need to communicate KGH's successes to the community – we are internet savvy – there are opportunities to communicate with us in innovative non labour intensive ways
- KGH can communicate through different communication mechanisms – important video cams to get information out through key contacts [like this opinion leader group] St. Lawrence is doing lots of things like that [reference: Robin Pepper]
- Do we have a "friends of KGH" network we can work through?
- To bring enough specialists to support good care e.g., dermatology, cataracts

Learners – Internal, March 10, 2010 7-9am University Club

Participants feedback

Tell us of a time, in your experience, when the learning environment was exceptionally effective. What did the organization do to enable this experience? What other factors contributed to this?

- When the instructor loves what they do
- Quality information and credible instructors
- Nurse educator positions in OB/GYN engaged with medical students as well
- Nursing clinical educator positions - messaging that there are things to learn from nurses and RT's; Corporate committments make it hard to teach
- Simulation labs are the future - clinical educators are involved in simulation labs
- Interprofessional teaching is important and a real advantage; We're still training and learning in silos which is not as good
- In 'labour & delivery', when everything goes well it's like a sport - high energy
- Students - not seeking feedback; medical students do exit surveys; we have great learning experience forms
- A lot of learning happens on the wards
- Formal learning is challenged by space
- When learning/teaching is part of the whole picture it is most effective
- KGH is a senior medical school environment; the hospital environment is important - a moulding experience
- Lockers out of 'main'; not 'part of'/integrated
- Leadership demonstrate and support learning. Learning shouldn't be such a struggle
- In OB/GYN - unique, not far from action; students & nurses part of the team; nurses take active role in teaching
- Acknowledge role of nurses in teaching
- Surgical specialty teaching happens in OR - if time is cut, there is an impact on learning environment
- Enthusiasm makes for a good working environment and makes it easier to learn
- For teachers & mentors: As a learner in medical school & as a resident I need to feel part of something special and to feel comfortable which makes it easy to work
- At KGH - people feel it's a battle; when on service in NICU, no space - have to sit in X-ray room; Department of Peds - people are all over; becomes frustrating; nurses have issues with this as well (the little things)
- In Vancouver, we were all together: Peds, OB - everyone contributed to a community feeling
- Acknowlege that things that work well in other places could work at KGH
- When we give feedback, provide evidence we are listened to
- Availability; learners & staff as learners - need workshops and space for learning
- Funding for learning - bursaries
- Working environment factors: Teachers have time to teach; bulk of learning comes from mentoring and working with the team in a positive environment; time to mentor
- Nurses skills fair - had dedicated space, expertise; was based on current best practices; multidisciplinary team was involved; senior leadership supported it; there were good support & communication tools available; people were given the time to participate & learn; results were tracked; there was a communication plan to make people aware; it was designed for different learning styles

- Motivating culture of learning - gifted teachers; engaged learners; adequate space & technology/real-time technology assistance
- There was a high sense of pride; we felt education was a priority for the organization; high standard of expertise; a quality learning experience
- KGH four years ago: There were service, teaching and research initiatives; a clear vision & mission; enablers like interprofessional/collaborative practice; we had balanced time for education, research & service
- A situation where there were 40 learners with diverse backgrounds and rich perspectives aligned on a common direction
- I did my masters at Johns Hopkins - infrastructure was high-tech, state of the art; there was high-speed wireless; a culture of high-tech, electronic education; remote access and online interaction
- When there are good people teaching who are accessible - an open door policy
- A low teacher-student ratio; multidisciplinary teaching team; dedicated space, protected time
- When there are committed adult education experts - not just subject-matter experts
- When learners contribute operationally - a learner-focused environment
- When the administrative and process burdens are looked after for students so they can focus on learning
- When learners are part of the team delivering service while they learn
- Learning by modelling means ensuring the standard of care is best practice; excellent clinical process = an excellent learning environment
- Enabling technology - ensure learning technology is state of the art, easily accessible & well understood
- Provide opportunities to practice hands-on
- Learners see lots of organizations and can see what works best - learn from their experiences
- Nurses Skill Fair, dedicated & adequate space, educators with the expertise, knowledge, skills & ability delivered consistently, current best practice education at the various stations offered to nurses. There were 18 different stations for nurses to access. Clinical educators, Clinical Enterostomal Nurse, HELP staff, Infection Control staff, Laboratory staff & students, Advanced Practice Nurse, Medicine & Chronic Pain, Occupational Health and Safety Staff, Pharmacy residents. The education was offered with equipment, videos, hands-on, posters, quiz, and handouts to meet the various learning styles of the adult learners. Staff who attended on their day off and relief staff who were scheduled (when staffing allowed) to cover the unit while staff attended the station, were paid for up to three and half hours. Vendors financially contributed to refreshments and snacks for the event. All of these elements were conducive for nurses to learn. A passport was given to each person attending the event at the Registration desk. The passport made it easy to track which stations nurses attended and how many people attended the event. The passport was returned to the attendees for 'Professional Self-Assessment'. An evaluation was distributed to each person attending the fair to gather information about the stations, the event, and what went well, and what were the opportunities to change and improve the event for the future. A spreadsheet documenting the staff who attended and duration of attendance was submitted to Finance to ensure nurses were paid for their education time. Signage assisted staff in arriving to the right location. Legends assisted staff in choosing the stations they wanted to attend and the location of the stations. Many departments and services were involved to make it a success: Senior Leadership supported the event, KGH Foundation, Finance, Clinical Laboratory, Environmental Services, Infection Control, IT, Leadership & Learning, Occupational Health & Safety, Printing, Portering, Maintenance, Material Services, Nutritional Services, Pharmacy, and Programs. A communication plan was quite successful with an article in the Spectrum, Professional Practice Exchange, e-mails to

Program Mangers to encourage their staff to attend the fair, discussion of the Nurses' Skill Fair at Nursing Practice Council and posters situated throughout the hospital promoting the event.
- Healthy physical environment with appropriate lighting, set-up and equipment.
- Prepared educators
- Different methods in delivering adult education
- Engaging all participants attending
- Open discussion
- Relevant materials to education presented

Imagine KGH as a highly successful learning environment in 5 years. What does it look like?

- Seminars online; Association of Medical Education in Europe; tried to connect and took time; lot of barriers to prevent it
- Reduce barriers and encourage interaction with IT; conscious of workload & time
- Key is trying to create an environment where people are proud & want to share
- Online learning - videoconference for teaching with Peterborough, etc. keeps people together across sites
- Everyone is a learner
- Interprofessional education will be seen as a norm for all disciplines
- Has to look very different from now - with nurses, emphasis on formal sessions not sustainable; integrate into clinical practice
- CRRT - dialysis on the fly; peer mentors could teach and certify in clinical environment; on the job learning; group of peers; need for learning is increasing
- Success measures in U.S. - how many students come back to your hospital?
- Need to recognize importance & value of clerkship director
- Reaching out for the teachers to learn at their desks
- Learning environment for more than students; for our regional physicians; huge need in all disciplines - need to help referral centres with skills
- Patients & families - to help them understand; direct them to resources
- Learning in virtual environments - technology is still in early days; Queen's has technology now
- Interactive; getting team together; accessible - LMS, online
- Shift from classroom to 'on the job'; mentorship; learning as part of culture
- Change the culture - some perception that teaching hospitals not as good; shift to one of 'better patient care'
- Having expert time used efficiently; respect educator's time
- Medical students - view as pre-recruiting opportunity
- Simulation - enable learning skills without endangering patients; practice uncommon scenarios; get a feel for using the instruments; costs $100K; want it at KGH, not in medical school - needs to be accessible
- In procedure-oriented fields, fill gap with simulation labs and techniques - this is the future
- New ideas - x# hours in labs; self-directed with guided coaching; because OR decrease and on call rules have changed; getting less surgical time; do you do simulation haptics
- Can use same equipment for different clinical scenarios - eg: RT - huge opportunities; neat opportunities in surgery - minimally invasive SX; if outside KGH, can't access as learning environment
- Could be available to SX specialties to make it cost-efficient - "Skills Centre"
- Security is an issue - need monitoring
- Every clinical unit will have appropriate space for the type of learning that takes place there; will have the right equipment

- Good morale - learners will be empowered & supported by excellent technology, space & efficient processes
- Learners can focus on learning and not 'scut' work
- Dedicated learning space
- 24/7 education
- Robust e-learning management system
- Learner advisory group that comments throughout the year - not just at exit interviews
- Like 'More-OB' program - an interdisciplinary learning environment that brings together multiple perspectives & disciplines
- Efficient processes to make the best use of resources
- There is trust within teams and trust in the system and processes
- Resources available to invest in technology
- People freed up to focus on learning and care
- Clerkship directors have time to run programs properly; are recognized as key educational resources (eg: family medicine has a nationall association for this)
- The organization embraces the learning mandate; understands accreditation issues for nursing, OT, post-graduates and undergraduates; the organization is dedicated to bringing KGH up to the make on accreditation
- Culture: a learning centred environment that accomodates different learning styles; provides time for reflection & application of learning
- A full-time corporate clinical educator
- Lerning needs for staff are looked after; invest in staff development
- Dedicated learning space/classroom
- Dedicated time to learn
- Consists of many types of learning opportunities i.e. classroom, going to units, computer, video etc.
- Funding is available to attend workshops etc or coverage on the units to facilitate staff to attend
- Full-time Corporate Clinical Educator to help facilitate orientation and corporate initiatives to support staff and health care professionals (i.e. allied health, physicians, unit clerks, PCA's, support staff)
- Consistent person to follow-up with the Float Pool Staff
- Education is available for Health Care Professionals and support staff, new staff, students, and existing staff.
- Learning centered: building on learners' past experience, engaging all learning styles (audio, visual, & kinesthetic approaches) engaging people in learning, knowledge transfer, transformational learning, time for recovery and reflection built into the learning session.
- Best practice
- Deeply committed & passionate facilitator with the knowledge, expertise, skills and ability. Open to innovative & creative modes of learning
- Deeply committed learner
- Educated educators
- Seamless education, well prepared, incorporating principles of adult education
- Credit for education received. All employees have to complete certain amount of credits/year
- Accessibility! More media rooms, computers
- Ability to complete yearly competency testing would be ideal to support shift workers and numerous disciplines
- Continued education for interest
- Tracking and accountability of education (LMS)
- Standardizing practices across the continuum

- Link with University and College – building and weaving programs together
- Standardized process for all learning initiatives to promote successful learning
- Prioritize educational initiatives
- Strive to limit the number of educational initiatives per month

What specific initiatives do we and our partners need to undertake to achieve an excellent learning environment at KGH in 5 years?

- "Make it easy for our students to focus on learning - create a learning centred environment"
- Getting infrastructure to keep up with current version of software, etc. - need to make easier
- How do we keep up with pace of change?
- If education is not a priority, we aren't an academic health science centre, we are a regional teaching centre - education and learning not high profile enough
- Learning culture - shift from education as something that is 'done to you'
- Virtually no learning environment for nurses - resistance to be taught; no one to teach; need to make everyone a learner
- Need to change impression that KGH doesn't support education for nurses; need to look at new ways - beyond 4 hours of class time
- Identify people on ground to encourage - disseminate from ground up; training skills to share, percolate up
- 'More OB' - five sessions per year for all nurses, OB, residents to attend - everyone an equal learner
- Create a mentorship program for clinical staff; provide coaches to support & follow up
- Medical programs to create education strategies based on learning needs & objectives - eg: 'More-OB'
- A simulation lab with multidisciplinary involvement
- Do we need a VP of education (this is the only piece of the mandate without representation at this level)
- Remote access e-learning
- Balance corporate learning initiatives with program learning needs
- E-Learning modules
- 24/7 learning – accessibility on and off site
- Changing of methods of delivery and follow-up
- Support for Clinical Educators
- Mentorship programs for clinical staff
- Coaches to follow-up with initial learning session

What strengths do we already have at KGH and in our region that we can build on to create an excellent learning environment?

- Good relationship with university - need to continue and build
- Strengthen connection between KGH/Queen's
- Working on the induction program for medical students
- Get rid of duplication, streamline process
- Re-development - incorporate technology needs for education in the plan - eg: more computer stations
- Staff - expertise
- Good connections with regional partners - Belleville, Perth - support them
- Integrated clerkship

- KGH as a leader for peripheral hospitals - now with residents out there, easier to be a leader; include region in collaborative, non-threatening way
- Maintain state of the art videoconference facilities
- Bring lessons back home from regional teaching centres
- Strong local resources - broaden and strengthen use of resources
- Relationship with Queen's; medical school infrastructure/proximity
- Strong links with regional education sites (Quinte)
- Very good educators
- We know what we need to do - just need to harness our ideas and have leadership support
- The leadership & learning department
- Collaboration with our partners (Queen's)
- Understanding of regional needs
- Bring regional partners together more - eg: student clinical placement committee that meets four times a year
- Need collaboration amongst programs regarding technology needs
- Dedicated well educated and hard working Clinical Educators that need to be supported.
- Leadership and Learning service
- Collaboration with other sites
- Using technology for conference and meetings

As a learner, instructor or contributor to the learning environment, what are you counting on KGH for?

- Support - infrastructure, dedicated space & time
- Make learning a priority
- Change the culture - promoting education translates directly into first-class care
- Leadership - truly embrace the role of education; speak to education as a priority (don't leave it out of the budget); keep education at the forefront of decision-making
- Empowering staff - critical thinking and time for reflection and practice; with so many corporate initiatives, it is hard to reflect and bring learning into practice
- Not just corporate learning - offer and support other learning
- Support
- Ongoing learning opportunities
- Acknowledgement that we need to change our learning environment and funding to achieve it
- In order to provide Outstanding Care Always, we need to support staff with the appropriate educational tools to do so
- Empowering staff with knowledge will build a better team and thereby delivering higher quality of care
- Opportunities for critical thinking and self-reflection are imperative for transformational learning

What would you stop, start and continue as we engage our stakeholders?

- Offsite sessions work best
- Strategically seat people to balance perspectives
- Tap into residents and medical students, nurses, allied healthcare providers - create separate groupings so they are not intimidated (electronic survey?)
- Stay focused on learning
- Good forum for broadening our perspective and understanding

- Continue engagement as the strategic plan is launched
- Close the loop - report back to us so we know what happened with our feedback
- Open communication is key, support and recognition of achievements, adequate follow-up and evaluation of learning opportunities and programs
- Earning trust, building relationships with our partners
- Start with small appealing projects
- Involve People Services: Leadership and Learning in assisting with engagement

Learners Engagement Session (External), March 10, 2010 11 am - 1 pm University Club

Participants feedback

Tell us of a time, in your experience, when the learning environment was exceptionally effective. What did the organization do to enable this experience? What other factors contributed to this?

- Clear communication to learners
- KGH staff include/seek out learners
- Learners need to improve skill sets - staff need to be aware of all aspects; realize learners add to the environment
- When the environment was inclusive, positive
- Sharing of knowledge to all of the team - not just learners
- Where there was an expectation in the organization of lifelong learning; part of the everyday process to include & respect learners
- Inclusive structure for all students & patients
- Critical feedback is important to the growth of the learner
- A maternal nursing program - a student was having problems, was coached to ask questions, used problem as a teachable moment - the student was supported, integrated into the operation; collaborative problem-solving & self discovery opportunity
- Session at Queen's - instructors were excited, enthusiastic; accommodated different learning styles
- Teachers that care and take the role seriously
- As a preceptor patient care is paramount - be excited about having interns
- Need processes to support students - technology, orientation, forms & checklists... so students can get right into the learning and not get bogged down
- Good process at the beginning sets the tone for students - they are ready to hit the ground running
- Keep learners in learning mode - mentor and coach them along the way
- Supporting preceptors - learning & professional development to be the best they can be
- Train the trainers to be effective teachers (eg: preceptor workshops)
- Make time to work with and answer student questions
- Welcome culture for students
- Teachers must be willing to learn from students - goes both ways
- Everyone in hospital is an educator - need to be seen as equal across the board
- People working hands-on with students - pride and sense of responsibility in growing students rather than seen as an added responsibility - a professional role fostered through the organization
- Staff recognition - informal get-togethers
- Reflection on this room - opportunity for teachers to come together as a community - foster teachers as leaders to assist each other
- MRT in North Orlando, Cambrian College - involvement; being allowed to be independent; encouraged and brought out the best early; felt part of the team; organization embraced students, supported them; students part of the team
- Defined clinical unit, interdisciplinary education can fit; boundary issues with stroke, cardiology; leaders have to facilitate crossing boundaries
- If organization says we are a leader in resp. care (?) have to have a place where it is housed - patients housed; experts there; space for meeting; links to output

- Education worked best when each unit had its own identity and discretion in education; when learning is discrete to the unit - unique skills are honed, a sense of unit pride develops; when I think about my best experience, it was like this. Now we don't have this and there is no sense of excellence
- When the ward has expertise, a set population
- Hospital's experience has narrowed; cut off the recovery and truncated the diagnosis
- Our learning program at KGH is fragmented - like recording feedback on sticky notes - there has been a dilution of the sense of excellence
- In Toronto teaching is parallel to pure clinical care
- The size of Kingston is out of proportion to what we have to teach - can't compare, we need our own solution
- We call ourselves a community hospital and a tertiary care hospital - out of proportion; raises problems for our learners
- Imagine KGH as a highly successful learning environment in 5 years. What does it look like?
- Including students on a longer term so they are even more integral to the units
- Working more closely with clinical educators
- Learning labs onsite at KGH
- Utilize programs available for placements
- Online programs - other provinces use this type of system
- Actively seeking students; fully aware of students being there on a daily basis
- KGH invests more in space & technology to improve the learning environment
- Collaboration between institutions over length of student rotation; longer periods at hospital
- Institution is confident it meets the accreditation standards of each learner's profession; conversely, the partners have a full understanding of corporate education
- Provision of care should be seamless; all staff & learners work together so patients don't feel concerned
- Students are included as team members right away - brought in, asked for their opinions; integrated in the care team - this helps the ICPM model; team members will all learn from each other
- Respect students roles on the team
- Office admin students - the organization is open & ready for them; they're able to use the systems
- KGH creates new models for learning
- Engaged instructor, student, advisor relationships
- KGH works together with partners to preserve placements; optimal student/staff ratios
- KGH has a culture of learning; students feel comfortable
- Induction process is steamlined - no process bottlenecks for students
- Schools & preceptors communicate; well prepared for students (eg: scheduling, rotation descriptions)
- Recognition of preceptor role as integral to the mandate; protected time for preceptors
- Ontario Institute of Interprofessional Education model - learn together, joint case studies, interns understand other disciplines
- Curriculum, innovation, teaching facilities for rounds - space
- What are the indicators of an educational/learning culture? It feels different; space and technology for learning
- Everyone at KGH accepts responsibility to share expertise across disciplines openly & willingly
- Cooperative learning ventures

- Pride & ownership in being an educator; engage in the education process - everybody sees, understands & appreciates education as part of what they do; a priority
- Subtle & direct pressure to have activity without education - education takes more work; you can provide a valuable learning moment or statement made, "2 of me and none of you" - I need someone to help me; penetrates the organization
- Everyone employed at KGH is a teacher - accountability for education in all roles; screened for teaching expertise on employment
- Everything that happens at KGH has a learning component
- Job descriptions will include 'educator' and 'learner' across the board - housekeeping, clerical, etc.; teaching will become part of performance reviews - this would be a significant contribution to the hospital
- Undergraduate medicine students are really influenced by encounters in the hospital
- A re-definition of KGH - engage the board & executive in redefining the mission and strategic platform where clinical care, education and research become one. It will help to have the hospital be seen as a source of excellence in key areas - cardiac, respiratory... everyone will understand KGH's strengths
- Community outreach - to help with how an individual is assessed; working together to educate students and each other
- Pay attention to the 'hidden curriculum' - attitudes are so important and negative ones can have serious long-term consequences
- Build education into the staff recognition efforts in the organization - visible recognition of excellence in education
- Institutional leadership in education - built into the structure of the organization
- Director to assume responsibility for students' educational experience; students part of 'sick kids' family

What specific initiatives do we and our partners need to undertake to achieve an excellent learning environment at KGH in 5 years?

- Partners and KGH discuss needs, wants, expectations; to meet accreditation standards; communication
- Does our corporate structure flow and support learning/education institutions?
- Regional focus groups to discuss challenges, etc.
- Not using relationships effectively
- Shared positions to increase knowledge of more than one environment
- KGH & institutions collectively have a large number of resources - should use them more seamlessly
- Educational head & look at learning needs across the board
- Access technology from other institutes - share
- Health records electronically; enable learners to access away from the unit/patient; have access at a satellite unit
- Open a "Learning Commons"
- Develop externships for senior students - supports learners financially; prompts them toward careers in the hospital
- Reverse induction; communication with preceptors - what to expect, what we need
- Clarify benefits of preceptors - encourage them to be preceptors
- Communicate alternative ways to foster learning
- KGH promotes the teaching role to staff

- Policies and procedures established; a streamlined induction process; checklists
- Each discipline has a contact person regarding students
- Re-development designs incorporate teaching and learning space
- Integrated, dedicated space & resources to take interns
- A student centre/meeting place with opportunities for learning
- Ensure staff access to learning
- Integrate student projects with KGH research projects
- Incorporate opportunities to learn about ongoing research/the latest evidence
- Re-definition of strategic mandate of clinical and education
- Who or what has accountability for education - need a new model; a mechanism to enhance current model or a new structure - if it's important, we have to have this discussion and make it a priority
- Plan financially to continue to support clinical educators and other roles that support learning
- Have to decide that education is a key organization priority for the next four years and make a plan
- Who is going to do it - give someone a mandate, encouragement and resources
- New methodologies for education exist; using technology to plug in directly or asynchronously; have to trust that someone will capture minutes
- Education goes on in small groups -people don't come to grand rounds or M&M rounds anymore; they don't have the luxury to go - create Podcast rounds
- Education also in the wider community - community rounds; keynote speaker; broad interest; topical; need a place to hold it; fosters interprofessional education
- Make education available to all

What strengths do we already have at KGH and in our region that we can build on to create an excellent learning environment?

- World-class educators - we do not use them fully
- Large amount of educational activity - need a mechanism to capture this/take part
- Huge array of students are placed at KGH - good variety
- Unrecognized power in existing relationships - needs to be tapped
- Exceptional educators & exceptional students
- Tradition for education is there; openness exists
- We talk about partners, but don't fully utilize them
- Accommodation placements - maximize number of students that are placed
- Our partners - Queen's, St. Lawrence College - leverage contributions
- Committed preceptors & staff
- Ability to follow a patient from admission, through treatment and discharge
- Full spectrum patient population - exposes learners to the full continuum of care
- Support for education providers
- Partners need to understand each others' needs
- Quality, motivated students; high achievers
- Competitive programs; in demand from employers; employers support local programs & students
- KGH reputation
- Low turnover at KGH - continuity; can make progress on initiatives
- Engaging/involving stakeholders in KGH strategy
- Expertise at St. Lawrence College and Queen's University

- Some committed people doing a great job - harness and grow this community, build on it
- We already have an environment that includes teaching
- Experts in their field that we can draw from - transferring expertise to learners is the challenge
- KGH is wired for education - education has been kicked out of active care, but we are wired for it
- Regional community looks to KGH to teach them, it's just a question of whether we serve this need
- People who come to KGH to be teachers stick with it - we have great teachers here
- Affiliation between Queen's and KGH - every attending is affiliated with Queen's so the educators are already here; just have to harness them and give them resources
- Technology - reach out through monitors and kiosks to provide information on education
- Situated in a great community for education
- An interdisciplinary ground for education

As a learning partner, what are you counting on KGH for?

- Placements
- Preceptors
- Space to meet students, for student stuff
- Space for students to meet, engage and share learning weekly - world cafes (we don't encourage them to reach out)
- Opportunities to create community
- Partners communicate and consult on topics of mutual impact before decisions are made - eg: immunization, blood born diseases, anything that influences our learners
- Partners don't want to feel like they're begging KGH - if we're going to walk the talk about learning, partners need to be central
- KGH has to decide if learning is part and parcel of strategic direction
- Recognize the great preceptors (as a partner, want to help acknowledge and profile those people so they are recognized)
- Key Themes:
- Collaboration
- Communication
- Preceptors
- Placements (Space/Opportunity for Learners)
- Placements
- Underutilized Teaching Expertise (personnel and facility-wise)

What would you stop, start and continue as we engage our stakeholders?

- Do this with the students - capture feedback from students while they are in our organization

Research Engagement Session (Internal), March 11, 2010 4 - 6pm University Club

Participant Feedback

Tell us of a time, in your experience, when the environment for research and innovation was exceptionally effective. What did the organization do to enable you to have this experience? What other factors contributed to this?

- From a Masters Student in London: Collaborative; Worked with students, grad student, residents, all different roles ad areas of expertise
- Fellow in Holland: Research considered a high priority; curiosity is most important quality in a person
- While in London: Cancer Clinical Trials: embraced/integral to the organization; the organization provided infrastructure support and was self-sustaining
- PhD student: topic connected to Geol. research: enthusiastic students; attracted funding; small group synergy
- Provide atmosphere that enables serendipitous connections to happen; breakdown silos
- Must create the right environment to attract quality people
- What's our mission? Research is the forefront of our mandate
- Recruiting new research
- a culture of clinician science within the mission
- Help people develop relationships; Collaboration; Put research groups together
- Size; mix; collaboration
- Enthusiasm from board downward; must be authentic; small communities offer better choices
- Small community hospital experience showed a greater commitment
- Post doc. experience was the best; it had choice, resources, and time
- Post doc. in Houston; very well trained staff; well-funded and equipped
- Need space, resources and funding to succeed; solid infrastructure
- Minimal administrative barriers; Maximum I.T. supports
- Feeling that research has been pushed aside
- The vision focus and collaborative mentality was lost during the amalgamation and resources are an issue
- Women and Children's Program (7-8yrs. ago) was a well working collaborative group of mentor/mentoring
- Environment of passion, energy, success at Sunnybrook;
- There is no substitute for infrastructure - space to work and sustainable funding so we can run sustainable programs; the culture also has to be supportive; you have to have critical mass and depth and identify niche areas of strength where you can be competitive
- You need to attract curiosity-driven individuals and provide an atmosphere of collaboration
- Put research front and centre in your mandate
- At Sunnybrook, there was a passion for research - everyone had a fire in their belly; they kept everyone involved in research from basic to clinical. A focused environment where people were intent about doing something about cancer. The clinical will was there.

Imagine KGH as a highly successful environment for research and innovation in 5 years. What does it look like?

- Make it more efficient to be a clinician so we can focus on research.

- Have to have a clinician scientist program
- Track research and ensure translation
- Position ourselves based on outstanding research
- We have done successful fundraising for research and have sustainable sources of funding
- A cultural change - we need a research culture to permeate the institution and community. What will this look like? There will be venues to discuss and present research; a strong communications program to communicate the impact of money raised for research - there will be stories about our having raised millions of dollars for research in our key areas of strength; we will promote and highlight that research is at the forefront of what we do here
- KGH is in the research business - we have lots of patients volunteering to take part in research
- KGH is at the forefront of knowledge creation
- Make a distinction between research that happens in a vacuum and research that happens in a clinic - here you need integration of clinical services with expertise and researchers that are aligned with
- We have a leading research institute

What specific initiatives should KGH and its partners undertake to achieve excellence in research and innovation in 5 years?

- Create a research institute - enable us to share resources, streamline our processes, get clinical trials up and running before it's too late Part of our mission to advance knowledge
- Recruit more researchers
- Map topography of research at each institution
- Develop a research website that depicts our researchers, profiles our projects, opportunities to collaborate
- Enhance communications among investigators - informal gatherings that foster collaboration
- Change the culture around patient recruitment for research - staff are busy and they aren't doing this well - they think it's not their job
- Educate people that this is a research facility
- Do fundraising specifically for research
- Define the KGH identity - the type of research we focus on; our pillars of excellence for the research institute; build a culture of research
- Make it easier to work together with Queen's
- Make space for research - internationally acclaimed researchers won't come if there isn't space
- Make it easy to do research; remove all roadblocks and secure funding
- Research respected as an integral part of what we do
- Raise funds for research; hold internal competition
- Diversify sources of funding; sustainable funding
- Clinicians have staff support; free up time for research and operate efficiently
- Go outside the university on research ethics board
- Streamline research services - the way research is initiated, supported, the length of time to get it going - identify delays and streamline the process
- Have an electronic health record we can search by disease process
- Highlight contributions of research staff who aren't principal investigators
- Marketing and communications is a key issue with research - Look at the recent St. Michael's video - it's very powerful. We need to send a powerful message about this research enterprise
- Sharing access to IT resources - patient databases - create a database facility that all can use so we're not all reinventing the wheel

- Enhance connections between research groups like ICES so we can leverage what's already here
- Hire more staff
- Raise capital through industry, grants, and sustainable funding
- Focused on strength
- Culture change
- Protected time for all levels of research and researchers
- Nodes of research excellence; proximity
- E.H.R a Must!
- Strong I.T. support
- Population aware that we are a research institute
- Hospital research institute fully integrated from basic science to high profile
- Capable to draw from resources across the region
- Increase awareness in local population that we are a research institute
- Improve: Space, Infrastructure, Funding
- Cultivate environment that supports integration, learning and contribution
- Health providers and researchers aligned
- Types of research integrated
- Visibility and better sense of what research is being done; dedicated research spaces
- Research institutes with hospitals ; industry trials; routine patients recruited (i.e. chronic pain)
- Challenges with infrastructure
- where research is not an esoteric pursuit, mainstream
- When approaching patients and families, be clear we need help with research
- Are there centres of excellence? good clinical base of expertise and critical investigations
- Be able to build on strengths: subject pools and platforms
- Present and discuss research including radical technologies in how people view research
- Fund 3-4 groups for a time
- Create forums for coming together and collaborating
- build profile of research in hospital
- Promote research that's happening; help people share and understand
- Create a virtual research institute; share resources, bring us together; newsletter; research day; streamline processes
- stabilize funding; provide shared pool of resources; standardized process
- Celebrate and communicate successes
- Central research institute to facilitate processes provide communication and resources through I.T. etc.
- Regionally integrated health records including: hospitals, family care, specialty units; alternative medicine
- Access across the hospital, all areas
- Improvement relations and involvement with the university
- Increase patient awareness of ongoing research within the hospital and if they are candidate to participate
- Partnership body to discuss research and innovation
- Develop an environment of facilitation between KGH and Queen's
- Improve messaging
- Build more links to community health
- Facilitate a shift in the culture to value research
- PR campaign: posters to celebrate research talk it up and gain support
- Use intra/internet to list current research projects and how to participate

- Improve research in public inpatient and outpatient clinics highlighting the successes for patients and families
- Centre of Excellence: support for research (i.e. Cancer Care Ontario)
- Target specific research areas for fundraising
- Public Lectures
- Education for patients about research
- Web based presence for research
- Map the topography of research

What strengths do we already have at KGH and in our region that we can build on to create an excellent environment for research and innovation?

- People good; both researchers and supporting organizations
- Large size, old (established), University connection to alumni and history
- Could have citizen patients who contribute to database
- Integrate advancement activities vs. competitions
- Population is loyal to the region
- Region fertile for research due to population; population=lab
- It's remarkable what people can achieve when resources flow
- Excellent researchers; more needed; struggling in that area
- Tertiary centre is now a strength within the region but not looking good for the future
- Patient population is a strength if approached appropriately
- People easy to recruit into a study
- This region is a great "Living Laboratory" - nurture this; communicate better with regional partners and the community; take advantage of all our resources
- We are part of multiple networks across Canada and in North America and database collection
- The city and this region is the size that facilitates collaboration in a variety of disciplines providing excellent development opportunities
- Marketing and communications powerful tools to the technology culture (i.e. St. Michael's Hospital)
- Statisticians within agenda; clinical research centre
- Group strengths: Anaesthesia, allergy, Respirology GIDRU
- "Captive" Patients
- Excellent lab support in some areas
- Some outstanding investigators and research programs
- The Foundation is reborn
- affiliation with REB
- NCIC, GIDRU, HMRC, Cancer Research Institute
- Ethics research board very accommodating Dr. A. Clarke
- Tertiary Care Centre
- Critical mass depth; Respiratory Vancouver Institute environment identified niche
- Clinical Investigation Unit-Phase I&II KGH 1980's
- No substitution for infrastructure
- Culture needs to be supportive
- Create institute shared infrastructure and personnel
- Vigorous and aggressive research foundation
- Steamlined Research Services
- Research Facilitators

- Time protection for research
- New group of clinician scientists

As a researcher or contributor to the research environment, what are you counting on KGH for?

- We do research is spite of, not because of
- Facilitating work of researchers
- Improve Efficiency of clinical practice to give some time for research, become more efficient
- Most of our patients come to our clinics not through hospital wards. Our ability to follow patients in clinics is now presented at best and obstructed by staff. It must be an adequate facility to follow and support treatment of patients in an ambulatory setting
- KGH does now have a mass spectrometer (bed scanner)
- To be successful and innovative, we should be able to train successful researchers and have the infrastructure to support that training, i.e., office space, environment
- Diagnostic imagery: Blue Ray, Spec Ct, Pet scan, required to make diagnosis and treatment faster
- Facility, support, environment, equipment
- We need a mass spectrometer
- Be able to train people to be successful researchers and to be proud to say they trained at KGH/Queen's - this requires infrastructure to create a quality training environment
- Make us state of the art in diagnostic imaging
- Queen's needs a clinician scientist model. We hear from researchers they have no time for research. There must be a time and a place to support their efforts

How can KGH improve the way it engages with researchers?

- WHAT DOES QUEEN'S NEED?: Clinical scientist model; time and place where researchers have time and place to work

Patient Advocates Engagement Session (External), March 12, 2010 8 - 10 am

Participant Feedback

Think of a time when you experienced outstanding health care. What made it an exceptional experience? What factors contributed to this experience?

- "Patients and families are feeling vulnerable when they come to KGH - when you make it easy, when you communicate well, when you let us know what to expect and really pave the way for us, you make us feel comfortable and assured that we're receiving outstanding care. These small things make all the difference to a family in distress."
- "It's all about the personal care and the time you take to be with patients."
- When you include the family in patient care
- At another hospital, we received a 'family support liaison' who took us around, provided information and guided us through the whole process
- "My husband recently died of cancer. The staff at KGH was absolutely wonderful. They moved us to a private room, Skyped my daughter who lives overseas...the staff really went the extra mile and made us feel well cared for. You helped make a sad experience wonderful."
- I'm thinking of two separate instances, when both my mother and then my husband died. They were looked after by caring physicians who were well trained. Compassion trumps all medical skill sets. That is what exceptional care is all about - compassion combined with skill and the ability to listen."
- An attitude of caring, the humanity of doctors and nurses.
- "I just want to be cared for by professionals with quality, up-to-date training, by staff who are not tired and burned out."
- "I want timely, professional care. From the time I had a mammogram through two biopsies to my first treatment, only 6 weeks elapsed. This kind of efficiency is outstanding care to me."
- "After my cancer treatments, the staff at KGH would call to see how I was doing. They managed my expectations about what was coming next and relieved the stress of waiting. Those simple phone calls, the time they took to care for me when I wasn't even in the hospital, made all the difference."
- Caring for patients when they are at home is part of the continuum of care for a hospital. People who feel comfortable and cared for after they are discharged are less likely to end up in emergency.
- The hospital must ensure adequate staffing in wards - this has a direct impact on quality of care
- Treat the patient as a whole person, not a number
- Having the staff and service to accommodate a patient who preferred a home-birth; providing care where and when the patient needed it
- Knowledgeable health practitioner who understood the patients needs and concerns
- Flexibility and open minded approach about how patients want to be cared for
- Outstanding care hinges on the patient to health care provider relationship; Importance of being treated with compassion, respect, timely care, informed about procedure, patient treated as partner
- Respect looks like: KNOCK, INTRODUCE YOURSELF, GIVE PATIENCE TIME AND PRESENCE, CREATE A CONNECTION
- Competence looks like: CALM, IN-CONTROL, KNOW WHAT THEY'RE DOING,
- Informed caregivers to explain to patients why the patient requires specific treatment, and to communicate clearly with the caregiver team so all staff tending to a patient talk to each other and hand-off at shift change seamlessly.

- Show compassion toward family members of a deceased person rather than "procedural"
- Having an efficient hospital operation benefits ME (the patient) when treatments are done in a timely fashion, and follow up calls are frequent
- Follow up or After-Care is important because as a patient, you don't feel so alone, it makes wait time between results or treatments endurable, and you don't feel forgotten.
- Good staff with anticipate patient needs, help reduce stress, and make an effort to work with the patient as a partner
- A simple phone call or in some cases even a message is a small courtesy that makes all the difference
- Efficient and accurate information prepared for the patient
- When caregivers participate in handling grief; meeting patients to help them process their emotional and mental state.
- To be treated like a person, not a disease
- Spouse died at KGH, all the staff were extremely caring and involved, taking care of both of us
- Doctors trained to discuss all aspects of care including End of Life Status
- Family doctor, external health care professionals provided with patient status for continuity of care
- Impressed with emergency staff and level of care, and handling challenges
- Impressed with support system for family members and high level of communication
- Impressed with procedures in place--it's working well
- Organized, informed, outstanding care
- Would recommend increased staff attention
- Smooth handling from unit to unit; good communication throughout
- Impressed with the number of people involved with the patient; friendly, caring, professional manner
- Wonderful staff who make the hospital visit/process easy, reassuring
- Patients are more comfortable if they have an advocate with them; family, staff, or other
- What started as a bad experience turned into a good one because of the personal care received
- In teaching health care, Touch has been eliminated; no shaking of hands, no touch. Having a human touch is essential in the healing process
- Offering different types of care including holistic, psychosocial, and rehabilitation
- Family-focused care, extending beyond the patient
- Compassion trumps any clinical skill
- Attitude of caring; humanity
- Patient liaison role would be great in emergency. but not volunteer, to stay with patient and family that is traumatized
- Caring, but could be more knowledgeable
- Nurses are the unsung heroes!
- Sustaining funding project to project
- Highly competent staff experienced in post op, and with pain medication trial
- Clinical work excellent; research personnel nurses, etc. all trying to improve what we do
- Different level of funding trying to streamline team in division of Allergy
- NCE Allergy has multiple networks, partners and NGO's, interdisciplinary, want to work together and connect dots
- Space provided for research
- International leader, good reputation, started with resources
- NCI of Canada Clinical trials, well-funded through industry and Canadian Cancer Society; expertise and funding to grow

- Clear mission and direction
- From Will Pickett's environmental study: Superb teamwork, focused, experienced, well trained leadership, competent people, diligent and supportive team
- Sustainability is a huge issue
- Key to good research is people
- Dec. 3rd surgery—ok, no problems
- Nurse kind to put lotion on back when patient was in pain; Staff taking the extra stop to make patients feel more comfortable
- Nurses on Mat. Ward were/are FANTASTIC!
- People-staff, good bedside manner, night nurse was great during delivery and family physician came in which was nice, well-informed and thoroughly explained to patient
- All good
- Nurses and Doc's fantastic
- Good care at the hospital; wish they had suggested home care options sooner so I could have extra help with my husband provided
- In my experience with outstanding health care the critical factors have been service, competency, communication and respect. The most important component from a service perspective is receiving care in a timely fashion and not experiencing extended delays. A professional, informed treatment approach is essential to outstanding health care. Along with quality care it is imperative, that despite the pressure health care provider's face they take the time to alleviate fears, answer questions and provide empathy to the patient.
- An environment of respect and dignity is also critical to a well-run hospital. People need to be insulated from the sterility and impersonal nature that seem connected to hospitals.
- OUTSTANDING BAD EXPERIENCES:
- Not diagnosed properly
- Terrible; in ICU a lot of nursing staff don't listen-2 were great, the rest didn't care—they cut you off; cold; 5th Fl. Nursing staff are THE BEST , understanding, caring, did everything they could to make things easy for family/patient; Nothing done on weekends! Very frustrating and too long to wait between treatments; Not Clean; Carpeting is filthy, dirty, no business in a hospital.
- No issues; twins neo nat. great
- Lack of communication;
- No money, not nearly enough people, and they're doing the best they can, but human contact/level of care needs to improve—having volunteers or candy stripers' would be great just to talk to you, to get you a Kleenex, or water, CARE— Too much waiting.
- Hate Parking. Should build a bigger hospital N. of the city with parking and accessibility
- Waiting too long for serious things—heart condition waiting 2+hrs. and then walked out in frustration
- Discharge delays are incredible. Lack of communication at CCAC or staff shortage there are huge hold ups that need to be resolved. Nurses and Doctors are great, but discharge is terrible
- No outstanding care; staff (nurses) are very indifferent; intern was great; paramedics were great
- Wait times need to be reduced!
- Better trained residents/staff to take the time to read the chart and listen to the patient to avoid medication conflicts/allergies!
- Disappointed—lack of communication between nurses and doctor's—understaffed; needs of patients ignored when bell pressed and lady in the next bed couldn't get to the washroom by herself ; Residents were abrupt and full of themselves when the more experienced surgeon was humble, explained everything and was/is respectful and great
- Doctor not engaging with family members

- Lack of communication
- some family excluded from discourse and treatment plan

Consider our five guiding principles which are: Transparency, Accountability, Engagement, Respect, value for money.

What do these principles mean to you, and how should we demonstrate them?

Transparency means…

- Trust
- Openness
- Accessibility to patient information
- Inclusion of family members in care
- Information is Empowerment
- Staff who support patient and family choices
- Accessibility to hospital information; performance, best practices, resource people to contact, indicators
- No hidden agendas; provide patients and their families with the TRUTH
- Good communication; patients and families informed every step of the process
- Patients shouldn't have to dig for information
- Admit mistakes; disclosure of human and system errors and what's being done to correct it
- Transparency means being open and honest and in my opinion translates to making the system as equitable as possible and not allowing patient care to be comprised by political or personal agendas.
- Common Theme: COMMUNICATION

Accountability

- A long and healthy future
- A quiet and peaceful end
- Dissemination of Heart and Stroke information to cardiac patients at discharge
- Provide help and information for rare diseases as well as common ones; have partnerships with supporting associations and organizations
- Good food
- Ongoing education; keeping current with best practices
- Keep health care on the political agenda and involved in government relationships
- Be the best with the funding provided
- Community involvement in decisions about changes to services
- Increase preventative care methods
- Financial accountability
- Moral accountability
- Clinical accountability in community
- Patient centred care to relieve burden on system
- Connect people to choices and care alternatives
- Rights and responsibilities of both health care professionals and patients; Two -way street in spectrum; patients also have a responsibility to take ownership of their care
- Consider patient knowledge and experience above bureaucracy

- Don't lose track of the little things
- Appropriately trained practitioners in current model of integrative, collaborative care
- See patients as "Whole People"
- Provide High Risk Emergency care for women and newborns
- KGH is relied on for specialist tertiary care and is appreciated for continuing to provide it
- Include community experts early in discharge planning/ after-care process
- Access
- Cost effective transfer of data (use students)
- Big Life Stuff
- Identify what services could be provided in community for better quality of care
- Infection control
- clean environment
- Safe, appropriate care
- Clerical support needed to make sure people don't fall through cracks
- Communication between team members and the patient/client relationship
- Prevention as well as treatment at ALL levels of care
- Providing low-risk and high-risk care compatibility
- Clinical care FIRST above research and teaching
- Best possible care
- Optimal care for palliative
- Provide excellent care given with compassion and empathy; treat patients as individuals
- Go outside region for specialists care because "team" approach isn't working seek "individual specialist"
- Supporting the learning of students and ongoing education for Doc's and professionals
- KGH could coordinate education program and funding management to facilitate community/regional program
- Take responsibility
- Continue engagement with outside agencies
- Connection to patient; patients go to different hospitals for different things
- KGH shouldn't be adversarial; network needs to work together
- Leadership. There is no "I" in the word "TEAM"
- Accountability means commitment to standards and expectations and to large extent is now connected to effective management of finances but also implies that health care providers in an informed and responsible manner
- Communication; telling patients what to expect—what procedure is to happen, how long I can expect to wait; continuity between patients
- Not accountable; no respect for patients, not good value for the money—lack of care and service toward patients
- Good.
- Quality Care is essential. Communication between staff and patients is critical and could be improved and to stick to the treatment plan and a working schedule; People don’t want to be sick; they don’t want to be in the hospital for longer than they have to be
- Streamline processes, get rid of bureaucracy, how many assistants does a person really need? Have the best trained and most needed people only; AND, Get rid of the carpet!
- Providing/hosting an annual day program as part of teaching for all residents to go over a round table to questions, and a reminder for what patients said or need; either in a retreat; or have a lecture series—1 day a month maybe to go over patients’ cases and pass on the experience to all.

Engagement Means…

- Patients and their families being informed of decision making
- Greater linkage to serve providers
- Hospital staff need to work and engage the experts
- Encourage engagement
- Communicated appropriate time of patient stay; face to face better than electronic
- Engaged means in-person, face to face
- Educational tools for handling patients is talking with them
- Bring service provider/support groups in to hospital to provide knowledge of services available to patients
- Engaged is attitude and follow through
- Responsibility is education and support between both continuity of education and services
- Ongoing understanding and limitations of patients
- Training of patients process
- Feedback to KGH; need to have connections to appropriate staff
- Family needs to understanding of process and have clear communication from/with staff and patient
- Connections between hospital and community are essential; clubs & services should be involved with hospital too
- Engagement means involvement to me and that is demonstrated by having the staff committed to their profession. I believe the issue of staff morale is critical and employees need to have support, training and a sense of pride in what they do. Staff socials and networking are very important
- listen to patient about their circumstances and offer alternatives to meds/treatment that will work for them rather than what's in the book

Respect Means…

- Respect for personal privacy
- Respect across all levels of staff; staff to staff and staff to patient
- Respect = Care
- Acknowledgement
- Introduction/Communication from all parties
- Patients should be introduced to one another in the ward and respect each other
- Staff aware of exactly why the patient is there and respect their condition (limitations and needs)
- Not feeling care is rushed; Staff spending the time to answer all questions
- Approach to treatment should be informative and friendly rather than cold and disrespectful
- Inform family members of situation and continue to keep them up to date
- Understand patient anxiety
- Respect means recognition and understanding of the dignity of all humans and the best way to measure the level of respect in an institution is to observe how people treat each other and patients
- Care is OK; Respect for patients not there—they didn't listen to an older patient's wishes or family advocate and don't get the same level of care—she had a clot in her arm that was ignored; it got worse until sister (advocate) made a huge stink and it was dealt with and it's had long term effects on her arm use/mobility

- Respect for patients needs to be improved and that comes from leadership down; Listen to patients requests and take the time to answer all their questions

Value for money means…

- Value for money is determined by high risk specialists, i.e. Midwife vs. Physician, factors that influence decision making
- Premier care physicians and the addition of nurse practitioners could be beneficial
- No matter how scarce resources are, we're still human and deserve quality care
- Outside perspective of success
- Professionals working to their full potential; finding the right provider for the lowest cost
- Value, Compassion, Humanity
- Who determines the values that are used?
- Decisions made by a select group that will impact everyone without a wide scope of input will create disconnect and lack of engagement
- Anecdotal information is as valuable as scientific
- Not just about the health professionals; not doctor centered care
- Value for money is demonstrated through creative thinking which results in minimal wastage of resources and improved quality in all areas
- Cancer clinic gloomy—walls/ceiling needs re-done, comfy chairs, bright colours, more comfort
- Shorter waiting times/lists
- Nursing/Care staff not as stretched to their limits—MORE STAFF
- Not good value for the money—hospital is dirty—El. Terrible, no cleaning done while she was in, 2 crammed in a 1 person room, no room for visitors, NURSES were FABULOUS under the circumstances they were very good,--bathroom and Shower smelled horrible! No order. Mildew in corners, rubber strip peeled, no maintenance, Appalling. Carpeting in the hospital is terrible, it will spread infection. Doctors and Nurses are great, facility is appalling; Wait time is ridiculous. Brockville was clean, but they couldn't do the surgery; she will go back to Brockville for continued treatment; no continuity between shift change
- Too long to wait between treatments; equipment is there, staff is not; funding cuts prevent treatment
- Value for the money suffers when care is held up: Discharge takes too long then a bed is held up for someone who really needs it
- Value for the money could be improved: when the most expensive pills are prescribed and for a longer duration than necessary rather than a follow up visit;
- Never had a bad experience—asked for, they came, Food needs improvement
- Everything is good
- Care not available at KGH for my son's seizures; we were sent to Sick Kids, and his seizures stopped by the following morning; if I had the choice I would go to SK before going to KGH
- implement an automated system to help speed up patient discharge system
- Faster emergency more staff would be a way to be more accountable
- Common Threads: When computing variables, engage together rather than making policy for all based on decisions and opinions of the few. Don't undervalue human connection aspect of care, choices in type of care and who provides it
- How is air transport paid for?" "By whom?" I would think greater value for money would mean more time for patient care

What are you really counting on KGH for?

- Help me (patient) put my life back in order
- Compassion
- Respect
- Efficiency
- Professionalism
- Outstanding Care
- To be able to complain and see that action is taken
- Be able to express and deliver what the public wants
- Listen, Change, Respond and HELP patients
- For the staff to be fully aware of their patients diagnosis and needed treatment
- A system and facility that keeps the patient, staff, and family informed of the patient's status
- Care team should be connected; seamless interchange of staff
- KGH is a regional facility that extends beyond the city of Kingston and encompasses a much broader area. As a Belleville resident, I count on KGH to be a leader in the field of health care. I expect with the presence of Queen's and a teaching hospital that KGH will provide expertise and service beyond what is normally available to me and my family in Belleville. I think KGH should be a leader in setting the standards of health care in not only eastern Ontario but eastern Canada
- "I'm counting on you for a long and healthy future. And if that's not possible, a quiet and peaceful end." Preventive care is a big part of this
- Keep our health care on the political agenda
- Stay current with best practices
- Give me the best health care you can afford to provide
- Be the best you can be; focus on being a tertiary hospital - you can't be all things to all people
- Infection control - I don't want to come to the hospital to get sick
- Be a leader in modelling the kind of care we should expect
- Support your learners - our future health care providers
- Be better integrated with community health partners/strengthen connections as part of caring for patients beyond hospital boundaries. The hospital is one part of the health care team; be a leader in the team
- Have compassion for my pain, be respectful, efficient and professional
- Connectedness with patients is key - connectedness with doctors, nurses, good hand-offs and good communication between shifts so patients don't have to tell their story over and over
- Anything to do with cancer is important
- Needed for hip replacement—leading hospital make sure it's always available
- Emergency centre
- Prompt care –appreciate that it's a teaching hospital, but it's too long a wait
- EMERG. Services/ Getting to the location is somewhat confusing and a long way if you're new
- Cancer Clinic
- Services offered are good; carpets have no business in hospitals; Surgery/Emergency. In desperation; but 1st choice somewhere else; Canteen is Delicious!
- Brother had Cancer. Emergency.
- Heart, Births of Children—no problems with nurses or doctors
- Emergency care; if you can't walk, you go to KGH, 2 feet a heartbeat, go to Hotel Dieu, Prefers HD for speed of service; Updates about wait times; communicate with folks sitting and waiting we know they're busy, but it would help

- CARE. Emergency—whatever needs taken care of is looked after
- Support for nurses—they work hard and need more—
- Quick response to (me) patient during a heart attack; doing a good job overall
- I felt well cared for all around
- Emergency.
- To put patients first. Have adequate numbers of staff who are well trained
- Cardiac/Emergency.
- Emergency; too long a wait
- Emergency. And the Cancer ward
- Cancer Ward—everything there is great. Tremendous experience.
- Taking CARE of people; showing compassion and that they're not just working there for the money
- Increased quality of care, to provide better services, more specialized to better serve patients especially for kids
- Cancer Clinic. It's maintained and well-coordinated, keep it up!

Access to care and clinical quality and outcomes, March 23, 2010 7 to 9 am, Old Cafeteria

Participants feedback

Tell us of a time when you experienced outstanding patient care. What did the organization do to enable you to have this experience? What other factors contributed to this?

- Teams all work together--best practice for patient
- Coordination; expertise; housekeeping; Patient informed with consistent information
- Exemplary care in cancer centre
- Continuity of care across all hospitals
- No cost attached
- Embrace cultural differences; take the time
- Timely care; clear plan and it happens!
- Organize around patient not around service
- Connection for patient care; organize care
- Presence of caregivers
- Patient went home happy with care they received
- Dignity kept in tact
- Treatment of patient and family
- Communication to all was open/honest
- Coordinated consult and patient focused
- Coordination of services to promote flow; Ambulance; Private Patient Transport; Respect, Trust and Coordination between team members with protocols in place to deliver reliable service
- Bring back qualities that were in place 8+ years ago i.e.: fast coordinated services, openness of team doing new treatments, patient focused, barriers overcome, rapid consults and team work

Imagine KGH as an outstanding care facility in 5 years. What does it look like?

- Continuity of care across all Kingston Hospitals
- When care is efficient and timely
- "One-stop" shopping
- Teams all work together
- Lead by example
- Patient- centered care, not provider-driven care
- Better for patients to travel to another facility if they are treated faster
- Good regional set-up; flow needs improving
- Quick test results
- Each staff member knew their role and performed it well
- Caring staff, patients, staff, etc.
- Efficiencies: electronic charting and distribution of meds
- Parking for patients
- Patient/Family oriented: don't have to tell their story numerous times...
- Trust in family practitioners; proper tests from all or not done
- Patient focused diagnosis
- Coordination of SVC's for patient
- Be mindful of patient's age etc. when requesting info--80yr. old may be intimidated by amount of paperwork...

- Discharge planning coordinated with outside partners
- Tests accepted as credible from outside agencies
- Increase patient communication (how and why we need to better their hospital experience)
- Protocols

What specific initiatives does KGH and its partners need to undertake to achieve "outstanding care, always" in 5 years?

- Establishing communities of practice
- Flexibility and use of resources
- Discharge planning--patient goes to the most appropriate facility for the best care
- Restructure the way the other hospitals are perceived by patient
- Good transport system
- Good duality care and team approach
- Use learners etc. to go to outlying clinics and other facilities
- Label other hospitals around us as part of academic health network
- More interaction with partners across the region
- Strategic plan about what should be treated here and what should not
- Clean facility
- Efficient learning environment for students
- Facility for research
- Hope in 5 years patients don't get stuck in system like now
- Greater interdisciplinary approach
- Alignment to support patients
- Timely access/Timely care
- Team approach
- People who understand system
- People working to full scope
- Expedited, triaged care
- Physically accessible
- Need to have follow up to CHF clinic
- Right Care in Right Place
- Proper Discharge system
- Proper processes and alignment in clinics
- Better coordination between hospital community and ambulatory clinic
- To meet demands of Kingston and region; need an efficient process
- House staff have been used as cheap labour and haven't developed allied, organized or committed methods to do the necessary work
- Coordination of approach
- Sharing of info between partners; i.e. E Records
- Central form system
- Database for services in the community
- Have to streamline to be efficient
- Knowledge about community support available
- Appropriate involvement of social work
- Better services in the community
- Work to full scope of capability by using systems and programs in existence

- Nursing: Back them up, share information, set expectations higher, more professionalism among staff
- Coordination of outpatient services; FHT CCAC Clinics Specialty Care; Acceptance of assessment by hospital/clinics to access community care (less duplication)
- Draw on resources available to us; i.e. external agencies and partner hospitals
- Define what we need to do and deliver
- Electronic documentation with partners (with safety and privacy parameters agreed upon)
- Communication: Discharge planning; Family Physician access to all patient documents
- Challenge processes that do not work
- Continue interprofessional care and partnership; i.e. between KGH and Queen's
- Patient centred needs: identify and implement; i.e. Heart clinic held 1 afternoon per week--same day may not work
- Set protocols and standards and goals; predictability
- Protocol must have evidence; protocol vs. guideline means flexibility
- Patient should be aware/see the protocol
- Consistency; Better staff management
- Protocols/guidelines to support personnel
- Need "Happy" staff
- Coordination of interprofessional team; Allied services need alignment and improvement--7 days a week not 5!
- System of allied services; weekday vs. weekend F.T./P.T.
- Need consistency to support patient needs 24/7care!
- CLAC needs more support; road block to many discharges
- Repair regional partnerships so patient care is done at right place at right time
- All regional partners including: Family Physicians, who also need support 24/7 "Who's on call?"
- Nursing home transfers can't exclude "Friday after 2pm" Care is needed 24/7 in and out
- E-charting
- Urgent "In-Home" response team

What strengths do we already have at KGH or in our region that we can build on to deliver outstanding care, always?

- First strength at HDH is positive attitude; it's negative at KGH
- Improve our strengths as far as discharge planning
- People at KGH are its strength
- Research at KGH is a strength and should expand into pediatrics
- Neo-Natal care is outstanding
- Teaching centre is a strength; need to keep and incorporate learning
- Coordinated multi-disciplinary care
- Quality of care at Cancer Centre is outstanding
- University affiliation is a never ending source of bright young people (potential for much more)
- New Dean brought in to make research priority #1
- The Geographic location of KGH is valuable to the surrounding population
- Starting to share information--E discharge summary; Willingness to try something new
- We need to know what is in regional centres (Picton, South Frontenac, Perth) to service better
- Tertiary care centre; easy to define roles, flow should be easier
- We have facilities and we are established
- Prioritize list of "complaints" and work on doable items

- Communicate and market ourselves
- Celebrate our accomplishments; keep doing things well
- Committed/Caring people work here, support them!
- Listen to staff/partners; move forward within the region
- Spirit is here! KGH and agencies all want to do well and have community support
- Continue to work with community partners
- Interprofessional model; Front edge of learning; positive change in that we will deliver; focus patient care and staff care environment
- Collaboration across region; Continue toward patient centred model; change with ongoing learning
- Strive for Continuous improvement
- Research that has/can go into practice; critical care; ca program
- Interprofessional office at Queen's: Building future caregivers for new model; interdisciplinary
- Current in-house models of ICPM could expand to region to promote
- Promote things that work well in program care
- Staff
- Teaching hospital: education, respect, share
- Recognition of regional core deliveries to set care at right place

What are you counting on KGH For?

- Paramedic partner: continuing with non off-load delays
- Continue with funding of patient transfer so paramedics/ambulance are not tied up
- Continue the trusting relationship and open door policy KGH promotes
- Improve ambulance parking
- Include paramedics' input as part of KGH staff
- Regional Partner: Counting on KGH to be the experts; set the bar and teach to others
- Community: Looking for a level of knowledge and follow up APNS is a strength but we need to build and support it as an asset
- Counting on physical space and availability for all patient needs
- As partner/APN: Want to work to full scope; want support within the hospital (signing RDS is a bottleneck for us)
- Admin Assistance
- Teaching Resources
- As a Family Member: Timely access to care
- Clinical Care: Access to technology to give outstanding care
- Queens and SLC: Appropriate educational environment for our learners
- Aux & Nursing Alumnae: Want to be able to say KGH can be trusted
- KGH is a facilitating environment for research
- Must have funding for staff to build their knowledge base

Healthy Workplace Engagement Feedback (Internal), March 23, 2010 9 to 11 am, Old Cafeteria

Participants feedback

Tell us of a time when you experienced an exceptionally healthy workplace. What did the organization do to enable you to have this experience? What other factors contributed to this?

- Made to feel important regardless of job
- Access to healthy food
- Open, two-way communication
- Respect
- Feedback is encouraged & responded to
- Available social networking (non-electronic)
- Promotion & enforcement of hygiene and environmental cleanliness
- Professional development
- Safe environment, work practices
- Family atmosphere - part of a community
- Fun
- Dedicated to physical health
- Making a difference
- Recognition
- Interprofessional collaboration
- Part of a good team
- Personal development
- Relationship, camaraderie with patients
- Open communication
- Respect at all levels - boss/employee
- Positive attitude
- Happy environment
- Team players
- Valued equally
- Lunch-time activities - meet and interact with others
- Flexibility in hours
- Regular staff meetings - voice opinions
- Working with boss to resolve issues in timely manner
- Positive relationship with boss
- Freedom to try new things, be innovative
- Pat on the back - smile and say thank you - from everyone - peers & boss
- Open door policy for staff
- Office needs to be in department
- Support group for admin
- Director's door always open
- Peterborough hospital - 120 direct reports is too much, mean in Canada is 70, and PH picked 60. Two managers always present
- Manager has time to meet with staff as needed for personal and work related matters
- Saw manager - visible. Adequate resources for patient care; schedules blended; unit size was smaller so got to know each other
- Promoting staff to take lunch; 30 minutes over and above to go for a walk, exercise

- Year-end finance - massage, 5 minute session in the office, signed up
- Brampton - 3P initiative - Planning included front line staff, healthy workplace ergonomics, infection control
- Ergonomics - incorporate into re-development plans, standards for purchase of chairs; Keyboards that adjust to height; environment was clean, windows, functional workplace, had the equipment we needed
- Team spirit
- Depend on one another
- Trust
- Always room for growth/learning
- Accommodating toward individuals' needs/circumstances
- Good blend of personal and professionalism
- Lack of trust and support at KGH
- People are committed to healthcare here, not just a good paying job
- The people are what make KGH but we don't celebrate them
- People who truly love what they do
- Physicians socialized --we all got along and became a closer unit
- Physicians are really upbeat and help foster an environment of mutual respect
- Continuity toward patients and staff rapport "team work" outlook is difficult in unit
- Meeting space/lunch room space is essential for staff to come together to talk and cultivate relationships
- Implement lunches/meetings to honour nurses, techs, porters,
- Host a KGH event day for staff appreciation
- Implement more workshops and areas with specialized skills for senior staff (nurses etc.) and for Work/Life balance
- Break away for "Closed environments" where we're not seeing/learning from the same 20 people
- People make the difference. Each member of the team has its strengths
- Flex Hours/Compressed weeks
- Time in schedule to get to the gym/get exercise or have fitness facility in the building
- Good food in the Cafeteria
- Collegial environment; co-workers become like family to balance the stressful days with days to socialize
- Clarify boundaries where it's appropriate for students and where they can be shielded from a conflict between physicians and nurses
- Appreciate each other

Imagine KGH as an exceptionally healthy workplace in 5 years. What does it look like?

- Better promotion of EAP
- Onsite, for-profit gym
- Project status updates
- Dedicated time & resources to support healthy workplace
- No money solutions - culture & communication
- Managerial walk-abouts - listen to feedback and concerns
- Accepting of differences
- Joy in the workplace
- Daycare

- Face-to-face promotion of healthy living options
- De-clutter hallways - safety issues, fire hazard
- People-friendly spaces
- ICU doorway proximity to patient (family in hallways)
- Improve childcare, implement a playroom and program with staff input
- Communication
- Positive to patients - healthy atmosphere, patient happiness
- Autonomy between players - top-down doesn't always work
- Staff must be provided vacation time - summer vacation
- Union issues - work together and be allowed to work together
- Education - no opportunities for conferences, etc. - aid staff with $$ - we need best practices
- A place to want to come to work
- Good collaboration and boss/peers/patients
- Employee responsibility to do a good job - we are being paid good $$ to do job - be accountable
- Creative scheduling options
- Set monies aside for improvement opportunities - teams/retreats (there is Return on Investment (ROI) to this)
- Everyone proud to be at KGH; recognized, feeling good about what other departments did
- Have equipment; be engaged; ability to make change; able to input from all team
- 'Just do it' mindset; ask how we can do it
- Smiling, happy, teamwork with all departments
- Bring stakeholders to the table when making decisions
- Understand users
- Value chain assessment, improvement team of stakeholders, changes made
- Creative suggestions within financial means; staff understand context, environment; encourage staff to come forward with ideas and give feedback - take action if possible

What specific initiatives does KGH and its partners need to undertake to achieve a healthy workplace in 5 years?

- Space on other side of Lower University
- Next stage of re-development - staff health centre
- Healthy body = healthy mind
- Facility will feature - gym, daycare, wellness room, health-related retail
- Retail - pharmacy, healthy food, massage, physiotherapy, dentist
- Listen to the staff
- Continue with these sessions - people know their areas, get their input
- Treat patients as if they were a family member of yours
- Admin & unions need to come together re: vacations - vacations are healthy
- Education/conference availability
- Feedback - advising us what we're doing
- Resources available to deal with infection control issues / daily activity in hospital
- Smile/thank you - give & receive
- Positive conversation - shift conversation stance to make it better
- Rules laid out for problems when they come to the boss - come with solutions - plan laid out to deal in this way
- Hierarchy issues need to cease - top-down - play as a team and respect
- Complainers need to be heard

- Meetings need to have a positive flair
- Investment in staff - backfill to take frontliners out of patient care
- Apply "Depreciation accounting" principles to staff development - ROI approach: lower sick time, lower turnover, fiscal year accounting does not help long-term perspective; enable investment in staff
- Look at continuous flow of work and eliminate waste
- Promoting research to feel proud; give staff more info about successes
- Staff understand healthcare systems perspective
- KGH Today on big screen in hallways, cafe, elevators
- Rely more on electronic technology
- Promote what is happening elsewhere
- Eliminate paper - feel we've gone backwards with paper
- CYA - change this mindset
- Support from manager and co-workers
- Scheduling innovation - self-scheduling -- work life balance
- Change mindset that KGH is alone in its struggles to reduce deficit - add context to 'Did you know' video
- teamwork - all departments should know what other departments do and how they connect; all equal
- Be real.
- Peer to peer
- Respectful to all and value their opinions /concerns
- "Welcome Wagon" idea for people who come from away--explain local resources
- Improve communication
- Make it more efficient/streamline
- Do "Exit" interviews
- Partner/Work with SLC and Queen's and RMC better
- Have experts come in to support healthy balance
- Joint NPC (?) is brilliant need to do more of that across sites
- Collaboration
- RNAO Fellowships; Internships; Leadership experiences
- Share ideas between organizations in Kingston and greater community

What strengths do we already have at KGH or in our region that we can build on to create a healthy workplace?

- Continue talking with the community--"Honour your Caregiver" as part of the chain of positive feedback
- Educated persistent individuals
- Promoting respect and dignity in leadership
- Recognize we have great people and honour them
- Teamwork--have all departments understand who does what; respect that chain; work together
- Focus on job stability be thankful that we can come to work everyday
- "Through your eyes" initiative
- Diversity of population
- Fortunate to be in university setting
- Strengthen our sense of ownership
- Looking forward to a greater connection with our region and community

Access to Care and Clinical Quality and Outcomes-External, March 23, 2010 6 to 9 pm, Old Cafeteria

Participants Feedback

Tell us of a time when you experienced outstanding patient care. What did the organization do to enable you to have this experience? What other factors contributed to this?

- When everyone is communicating well; Keeping patients and families informed
- Physicians and hospital communicate well
- When a nurse in Emergency stopped what she was doing to rapidly process a patient in need
- Importance of non-registered staff; make them part of team (from nurses to cleaning staff)
- Seamless care from one caregiver to next--good hand-offs
- Communication alleviates stress and improves trust
- Patient was dying; came to KGH, got private room and was allowed visitors
- Happy staff=happy patients
- When a caregiver made effort to coordinate appointments for out of town patients
- When hospital respects how people want to be cared for and rules aren't too rigid
- Global responsibility to help patients--part of institution and philosophy
- When any staff member will stop to help a patient in need like you would do with customers in a store
- Patients come first no matter what else is happening
- Consistency of patient plan
- Communication helps continuum of flow
- Patient- centered care; Sensitive; willing to go the extra mile
- Access was seamless (handled by friends) felt in control
- Access to care; timely manner; favourable review
- System and people available at a critical time (pregnancy)Doctor's manner and availability was exceptional
- St. Mary's Palliative Care: Staff educated; responded appropriately to the patient; Accessible
- In general: Operated on time, went home in a timely manner, no complaints
- Napanee: Outstanding care from certain doctors that follow through with patient--even drive to Kingston; great level of commitment
- A feeling that staff care; really care; genuine; patient feels better, family is less stressed --ripple effect is good
- Patient centered care; focused on what patient wants at the centre of care
- 89 yr. old mother-in-law didn't know/wasn't introduced to most staff/doctor; tests being done every day but there was no consultation with a family member or advocate which caused distress; she just wanted comfort and care
- Improve end of life care
- Discharge planning happens before day of discharge
- Dialogue with informed decision maker that there is a plan
- System view of things
- Family physicians are part of the care in hospital; link in process with hospital
- 99% of care delivered by family physician (not sent to specialist)
- Quick access to see specialist; Waiting is difficult
- One-stop to care; access to full team of health practitioners at once
- Treating person not the sickness in the body
- Knowing someone cares; human experience; caring does not mean expensive

Imagine KGH as an outstanding care facility in 5 years. What does it look like?

- People with life-threatening illness red-flagged before they arrive at KGH
- 24/7 nursing services; able to talk to families in crisis; symptom control
- Seamless entry; expedient, appropriate, sensitive care
- Appropriate coordinated discharge; no gaps between communication
- critical issues dealt with quickly
- Family doctors can access E-health info on patients and images so family docs can communicate with patients in real time; Access to electronic health info is a given across continuum of care; The hand-off back to community is a smooth transition; patient can continue to get the care they need; A common electronic system between primary docs and community health providers
- Decrease in emergency wait times
- Monitoring system for patients when they leave hospital: i.e. maternity diabetics: coaching patients so they don't need to go to hospital
- staff love to work here; proud of KGH; feel valued, feel rewarded and acknowledged
- Students want placements here; unique teaching experience
- Electronic health record in place; on time, up do date, health info images able to update patients before we see them
- Individuals outcome and inputs become part of the data for how we manage that issue in the community
- Data for continuous improvement of care for similar patients
- Like Toyota with its philosophy
- We're never the best, we can always be better; no arrogance
- compare our performance against others
- It's a given that we're all skilled; Now, how to make the whole system work well?
- KGH chooses what to be good at and does it!
- foster care close to home; closer working relationships with other hospitals
- 24/7 access to all care that patients need; People don't stop getting better on weekends
- Patient records, charts, etc. ahead of patient arrival
- Communication
- Transfer of knowledge
- Communication from the patients' point of view
- Patients should have access to their records on discharge via printout
- Ensure every patient has an advocate
- Correct flow of patient through the system the first time
- No "harm" done to patients; No more hospital infections
- Patient movement improved from bed to bed and floor to floor
- Reduce stress for patient and family
- Courteous, caring attitude from all levels of staff; doctors down
- Predictable process to gain/have knowledge of a patient and their condition
- Patients info made available (electronically) automatically to family doctor
- KGH is the tertiary care centre; need to strengthen that role and meet obligations
- Interprofessional care model worked to full scope
- All family physicians have access to hospital patient records
- Access to community partners increased; greater collaboration
- Hospital system navigator working with community
- Seamless interface; patient and family providers
- Patient in middle; care as close to home as possible
- Family health team/provider notified of admission

- ER: If know what KGH emergency patients are then the FHT can treat in the after hours
- Specialists coming out to the FHT
- Can identify the patients by EMR; easier to identify
- Specialists following patients in the FHT as one-offs; Cardiologist in Picton, Paediatrician in Maple
- Connected through EMR
- Better use of technology: i.e. Tele-medicine, specialty clinics
- Chronic disease management, run diabetes clinic more systematically, bill through EMR
- Teams connecting with teams
- Replicate what works with CDPM
- Right provider, right scope
- PC provider involved in care throughout journey
- Refer to CCAC

What specific initiatives do KGH and its partners need to undertake to achieve "outstanding care, always" in 5 years

- E-health record; KGH is behind; Ontario is behind
- Requires $ and leadership
- Build on the family health team that is already E-linked--stretch from one to another and provide elements of health data available to all who need it
- get hospital on-line with E-health than build interfaces; Pilot electrical systems in our area; Starting with acute care programs
- Ability to access test results at point of care
- Tele-medicine; Use the capacity we have; Hospital avoidance, expand access, make people aware of what exists and how to use it
- Use technology for education, knowledge training i.e. video of rounds
- Advocacy; Provide an advocate for a patient--role usually taken by a family member; some nurses play the role or respect the family member
- Patient advocacy office; maybe staffed by volunteers who are trained to act as "Advocates" when needed
- Use nurse practitioners to act as advocates
- Use "pastoral care" staff/volunteers to act as advocates
- Communication improved and more efficient; better access for all; collaborative communication for all staff involved with patient
- Ward shall revolve around nursing care; not float so many nurses
- Have the family member who is acting as advocate identified on chart
- ICPM
- Advocacy has to be a shared role between family and staff; better coordination between two
- Advocacy role fulfilled by first line of staff i.e. receptionist
- Full electronic transfer of patient data; safe, secure, transferable
- Interaction in real time
- Take better care of staff; health promoting hospitals--this will help patients, they will care for patients if they are well
- Attract great staff
- Invest in ways to listen to staff " what can I do for you today?" "How can I help you do your job better?" structure in a deliberate way; this is a path to outstanding care, always.
- Empower staff to solve problems

What strengths do we already have at KGH or in our region that we can build on to deliver outstanding care, always?

- Clinical expertise; Medical school; School of Nursing, Rehabilitation
- Queen's affiliation; teaching/research orientation
- Caring people committed to great patient experience
- New facilities i.e. cancer centre
- Impetus for change (financial distress motivates change)
- Strong volunteer care; are they used optimally?
- People
- Long and honourable history
- Exceptional care under terrible circumstances (MASH unit); Work in 3rd world circumstances and staying focused on patient
- To become aware of strengths and roles and scopes of practice so we maximize outstanding care and use people better
- Open minds, look at mandates, forget politics and focus on patients
- KGH has wonderful caring people; nurses, ward clerks, cleaners, kitchen staff--build on those people; how to keep and build strengths in those people--the patient experience depends upon it
- Rules are barriers to do more
- KGH is known LHIN-wide as largest acute centre --that is a strength; Get to pilot a lot on behalf of LHIN
- KGH has huge group of volunteers-opportunity to look at other ways to use resource
- Harness power of community to bring finds to KGH
- Staff at KGH remain focused on patients despite challenges

Patients Session (External), March 24, 2010 6-8 p.m. Olympic Harbour

Participants feedback

Outstanding care always means…

- doctors listening to patients - patients know their issues
- student doctors - "learners" friendly, interested and understanding
- quick to triage and see to - nurses made it fun and showed they cared
- Emergency - quick diagnosis, not a long wait. Second visit (a year later) staff in emerg were very helpful
- Quick diagnosis - early CT scan (no long wait)
- Physician very interested
- communication - nursing care on floor exceptional
- nurses compassionate, made patient feel at ease, explained tests and said what was coming
- communication with the patient and family
- uneasy with residents because they make mistakes - nurse was great because she caught the mistake - she listened
- caring staff
- listened
- showed compassion and respect
- "good" nurses stay with you - remember the nurse who was with me 20 years ago when my daughter was born. She gave personalized care and was an amazing individual
- nurses and residents make the experience. Surgeon and anesthetist were great -very reassuring
- pre-op meeting before my hip surgery was great - you know what to expect, are prepared, know what to buy, and can arrange support staff for when you go home. My building elevator was out but I was able to be prepared ahead of time and have people available to carry me into my apartment. I had home physio and the hospital worked with the Access Centre to get everything organized. I had lovely people in my home.
- had an aneurysm in 1993 and was unconscious for 14 days. Went from healthy to helpless as a baby in the blink of an eye. It was very distressing for my family and they needed reassurance and were treated in a kind and caring manner.
- Had a trip to emergency and no one said I was wasting their time - I was kept in emergency overnight and had a bed by morning.
- staff makes the difference
- had 4 trips to emerg with a ruptured appendix - was treated rudely and scolded. Could have been treated with more respect. Ended up having to be readmitted and have a bowel resection.
- phone follow up
- client centred
- talking to each other - dialogue
- patient is part of the care
- family as advocate, participant - don't hear everything the first time
- personal touch

Respect means...

- everyone working together - KGH/Patient/Access centre
- family involved in care - respect the family and know that they know their loved one best

- understanding that you are anxious when you go to the ER - when you are abrupt with us it makes it worse
- listen to the mothers (and family members) - when it is your children it hurts
- we are not stupid - even when your child is 50 or 60 they are still your child so LISTEN
- respect is a feeling
- respect is a two way street
- keeping me informed in the process (don't mind waiting as long as you keep me up to date)

Engagement means...

- being involved in the healing process between patients, nurses and doctors
- open communication
- diagnosis of illness - understanding and communicating of what is coming
- Vocera very useful - saved a tremendous amount of time
- wide not involved (should have been more involved).
- Docs and nurses often asking how I was doing
- patient "scared' - staff asking if OK, very compassionate
- young doctor not very compassionate - curt
- nurses still writing charts by hand - felt sorry for them
- patient cut off when talking - somebody listening
- good forum to be here tonight to be hear
- hospitals need feedback - more people should partake - family members
- visiting hours "open" - positive for patients and staff
- able to bring laptop in and send and receive emails from family - very positive
- how to engage better with dissatisfied patients? Suspected had Norwalk after discharge and called floor to ask questions. Received positive response - did have virus but the staff were very helpful

Value for money

- "cynics know the price of everything and the value of nothing" Oscar Wilde
- money wasn't part of it, never spent a cent
- does not cost
- participants need to exercise and diet
- communities before corporate intrusion
- reducing waste - the food is terrible and gets wasted
- need to make sure that don't drop the personal for efficiency

Worst experience:

- had peritonitis (dialysis related) which was like "male childbirth" and the triage nurse says "do you still live at the same address" - called the dialysis nurse on duty and she helped as she "knew" as part of her experience what this was like for a dialysis patient

What are you counting on KGH for?

- to be here for our health care needs when we need them. Be ready when bad things happen
- place to go if you are seriously ill

- to be diagnosed as quickly and as accurately as possible
- in (admitted) and tests in a timely manner, out in a timely manner
- back home on feet again--technology helps with that
- experience that makes healing better
- I think of the hospital when I'm sick - when I am sick it is necessary
- we want them to be there when we need them - we take our health care system for granted
- have you had a good look at the engineering section? We know you buy steam from Queen's and need to look at if you are getting ripped off by Queen's. KGH could help Queen's stop burning bunker C fuel

Access to Care and Clinical Quality and Outcomes, March 25 6-9pm

Tell us of a time when you experienced outstanding patient care. What did the organization do to enable you to have this experience? What other factors contributed to this?

- Teams all work together--best practice for patient
- Coordination; expertise; housekeeping; Patient informed with consistent information
- Exemplary care in cancer centre
- Continuity of care across all hospitals
- No cost attached
- Embrace cultural differences; take the time
- Timely care; clear plan and it happens!
- Organize around patient not around service
- Connection for patient care; organize care
- Presence of caregivers
- Patient went home happy with care they received
- Dignity kept in tact
- Treatment of patient and family
- Communication to all was open/honest
- Coordinated consult and patient focused
- Coordination of services to promote flow; Ambulance; Private Patient Transport; Respect, Trust and Coordination between team members with protocols in place to deliver reliable service
- Bring back qualities that were in place 8+ years ago i.e.: fast coordinated services, openness of team doing new treatments, patient focused, barriers overcome, rapid consults and team work

Imagine KGH as an outstanding care facility in 5 years. What does it look like?

- Continuity of care across all Kingston Hospitals
- When care is efficient and timely
- "One-stop" shopping
- Teams all work together
- Lead by example
- Patient- centered care, not provider-driven care
- Better for patients to travel to another facility if they are treated faster
- Good regional set-up; flow needs improving
- Quick test results
- Each staff member knew their role and performed it well
- Caring staff, patients, staff
- Efficiencies: electronic charting and distribution of meds
- Parking for patients
- Patient/Family oriented: don't have to tell their story numerous times...
- Trust in family practitioners; proper tests from all or not done
- Patient focused diagnosis
- Coordination of SVC's for patient
- Be mindful of patient's age etc. when requesting info--80yr. old may be intimidated by amount of paperwork...
- Discharge planning coordinated with outside partners
- Tests accepted as credible from outside agencies
- Increase patient communication (how and why we need to better their hospital experience)

- Protocols

What specific initiatives does KGH and its partners need to undertake to achieve "outstanding care, always" in 5 years?

- Establishing communities of practice
- Flexibility and use of resources
- Discharge planning--patient goes to the most appropriate facility for the best care
- Restructure the way the other hospitals are perceived by patient
- Good transport system
- Good duality care and team approach
- Use learners etc. to go to outlying clinics and other facilities
- Label other hospitals around us as part of academic health network
- More interaction with partners across the region
- Strategic plan about what should be treated here and what should not
- Clean facility
- Efficient learning environment for students
- Facility for research
- Hope in 5 years patients don't get stuck in system like now
- Greater interdisciplinary approach
- Alignment to support patients
- Timely access/Timely care
- Team approach
- People who understand system
- People working to full scope
- Expedited, triage care
- Physically accessible
- Need to have follow up to CHF clinic
- Right Care in Right Place
- Proper Discharge system
- Proper processes and alignment in clinics
- Better coordination between hospital community and ambulatory clinic
- To meet demands of Kingston and region; need an efficient process
- House staff have been used as cheap labour and haven't developed allied, organized or committed methods to do the necessary work
- Coordination of approach
- Sharing of info between partners; i.e. E Records
- Central form system
- Database for services in the community
- Have to streamline to be efficient
- Knowledge about community support available
- Appropriate involvement of social work
- Better services in the community
- Work to full scope of capability by using systems and programs in existence
- Nursing: Back them up, share information, set expectations higher, more professionalism among staff
- Coordination of outpatient services; FHT CCAC Clinics Specialty Care; Acceptance of assessment by hospital/clinics to access community care (less duplication)
- Draw on resources available to us; i.e. external agencies and partner hospitals

- Define what we need to do and deliver
- Electronic documentation with partners (with safety and privacy parameters agreed upon)
- Communication: Discharge planning; Family Physician access to all patient documents
- Challenge processes that do not work
- Continue interprofessional care and partnership; i.e between KGH and Queen's
- Patient centred needs: identify and implement; i.e. Heart clinic held 1 afternoon per week--same day may not work
- Set protocols and standards and goals; predictability
- Protocol must have evidence; protocol vs. guideline means flexibility
- Patient should be aware/see the protocol
- Consistency; Better staff management
- Protocols/guidelines to support personnel
- Need "Happy" staff
- Coordination of interprofessional team; Allied services need alignment and improvement--7 days a week not 5!
- System of allied services; weekday vs. weekend F.T./P.T.
- Need consistency to support patient needs 24/7care!
- CLAC needs more support; road block to many discharges
- Repair regional partnerships so patient care is done at right place at right time
- All regional partners including: Family Physicians, who also need support 24/7 "Who's on call?"
- Nursing home transfers can't exclude "Friday after 2pm" Care is needed 24/7 in and out
- E-charting
- Urgent "In-Home" response team

What strengths do we already have at KGH or in our region that we can build on to deliver outstanding care, always?

- First strength at HDH is positive attitude; it's negative at KGH
- Improve our strengths as far as discharge planning
- People at KGH are its strength
- Research at KGH is a strength and should expand into pediatrics
- Neo-Natal care is outstanding
- Teaching centre is a strength; need to keep and incorporate learning
- Coordinated multi-disciplinary care
- Quality of care at Caner Centre is outstanding
- University affiliation is a never ending source of bright young people (potential for much more)
- New Dean brought in to make research priority #1
- The Geographic location of KGH is valuable to the surrounding population
- Starting to share information--E discharge summary; Willingness to try something new
- We need to know what is in regional centres (Picton, South Frontenac, Perth) to service better
- Tertiary care centre; easy to define roles, flow should be easier
- We have facilities and we are established
- Prioritize list of "complaints" and work on doable items
- Communicate and market ourselves
- Celebrate our accomplishments; keep doing things well
- Committed/Caring people work here, support them!
- Listen to staff/partners; move forward within the region
- Spirit is here! KGH and agencies all want to do well and have community support
- Continue to work with community partners

- Interprofessional model; Front edge of learning; positive change in that we will deliver; focus patient care and staff care environment
- Collaboration across region; Continue toward patient centred model; change with ongoing learning
- Strive for Continuous improvement
- Research that has/can go into practice; crit care; ca program
- Interprofessional office at Queen's: Building future caregivers for new model; interdisciplinary
- Current in-house models of ICPM could expand to regon to promote
- Promote things that work well in program care
- Staff
- Teaching hospital: education, respect, share
- Recognition of regional core deliveries to set care at right place

What are you really counting on KGH for?

- Paramedic partner: continuing non off load delays
- Continue with funding of patient transfer so paramedics/ambulance are not tied up
- Continue the trusting relationship and open door policy KGH promotes
- Improve ambulance parking
- Include paramedics' input as part of KGH staff
- Regional Partner: Counting on KGH to be the experts; set the bar and teach to others
- Community: Looking for a level of knowledge and follow up APNS is a strength but we need to build and support it as an asset
- Counting on physical space and availability for all patient needs
- As partner/APN: Want to work to full scope; want support within the hospital (signing RDS is a bottleneck for us)
- Admin Assistance
- Teaching Resources
- As a Family Member: Timely access to care
- Clinical Care: Access to technology to give outstanding care
- Queens and SLC: Appropriate educational environment for our learners
- Aux&Nursing Alumnae: Want to be able to say KGH can be trusted
- KGH is a facilitating environment for research
- Must have funding for staff to build their knowledge base

Session with Learners - March 31, 2010

Participants: 4 Respiratory Therapy Students (Algonquin), 4 Radiation Therapy Students (Michener/UofT), 2 Pharmacy Students (U of T), 2 Pharmacy residents, 1 Medical Lab Technology student (SLC), 7 RPN students (SLC) and 1 clinical teacher (Nursing SLC)

Best learning experience and factors that contributed to it being an exceptional learning environment/experience:

RTs comments on what made it great here:

- As a student in the OR usually feel that the medical students take precedence for the learning of skills like airways but it is part of our scope of practice and in other organizations we get to learn lines and airways.
- Best experience was that the RT went "above and beyond" to support the learning of skills in the OR. Supported on her behalf and she didn't have to "fight" with the med students for the opportunity to learn
- As a student here at KGH I was part of my first code. The RT got me into doing everything during that code. I had an opportunity to do compressions and airways. Now have been a part of several but the first one was supportive.
- The RTs are supportive - each is different and the support happens in different ways
- Our School (Algonquin) the teachers have clinical experience (expert, credible) and we have a simulation lab to try different skills
- In Radiation therapy work in teams of two - certain therapists let us do more and help us to grow as we learn the treatment
- We have an amazing clinical coordinator here - the most supportive you could ever ask for. Could tell she was there for us
- In Radiation Therapy the real world is important. The simulation lab is only so helpful as you can't give radiation to the Simulation Man. Our school has old machines that are outdated but a lot has changed at Michener since we were there in class.
- Able to learn from a mistake without being reprimanded - use as a teachable moment
- NICU round where the doctor explained his thoughts and asked questions, think for yourself
- a positive learning environment is important - if I get yelled at I am not going to learn
- attitude makes a difference
- want the learning environment to get us ready for work - each experience teaches us about new problems.
- Easy access (things like ease of parking, way finding)
- interprofessional environment where we learn from each other
- Constructive feedback - staff need to learn how to give constructive feedback. We often get positive feedback but because people don't know how to give constructive feedback we either get no feedback or we hear that it was "awful"
- Factors that contribute to a good learning environment include:
- experiential (opportunity to do, to full scope, learning by doing)
- team based where the student is an active member of the team (team came up over and over)
- feeling valued, respected and involved in the team
- knowing who does what on the team and where to turn
- doctor took it out of the textbook and made it real
- in medicine/surgery a doctor let me touch a tumour - it was better than reading about it

- able to learn to do and complete tasks on own
- attitude of staff that supports a learning environment
- not being expected to know everything
- someone to walk you through
- teachers who remember they were students too
- clinical instructor (down to earth approach), knowledgeable preceptors
- communication: feedback positive/constructive
- willingness to engage with learners
- interprofessionalism - sharing work, learning from each other
- when staff are open and accepting of students -want us there
- when teachers want to teach, want students around, are friendly
- when teachers/staff encourage/push us to try things

In 5 years KGH will:

- all the floors will be consistent and standardized
- now as an RT every stock room is different and it takes a lot of time finding supplies
- Students are treated as part of the interprofessional team and involved in all aspects of care, are listened to and made parts of the decision making team. One example from Sunnybrook where the students were made to feel part of the team
- everyone knows what everyone else is doing
- there will be more labs where this is an opportunity to learn at your own pace
- Example given was mask making for the radiation therapy - it was a good learning lab experience
- There is equipment for everyone; now the equipment is broken or there are two few (e.g., thermometers)
- Better communication
- RTs gave the example of when in ICU and it gets very busy they are left out of the communication loop because they don't have Vocera or pagers. There are skills to do like ABGs but the students don't know about it because the RTs are too busy to find them to tell them
- the nursing students won't be singled out by the scrubs they wear
- staff and students learn from each other
- that KGH staff have training for dealing with students (how to give feedback) and those who don't want to teach don't
- can learn to the full scope of practice (equal opportunities with med students for things like airways
- student space like lunch room/staff room where can come together (e.g., had this at Sunnybrook)
- environment supports de-stressing
- Teaching system for all professionals so we know expectations
    - Teaching is an expectation of staff and learning is an expectation of students
    - attitude is changed
    - teaching and learning is valued
    - people want to be preceptors so we have a chance to learn in acute care (have to go to LTC for placement because preceptors went from 7 to 2 for a spring consolidation)
    - students are not expected to know everything
    - learners are welcomed (KGH is a teaching hospital - if you don't want to teach you shouldn't be at a teaching hospital)

    - no shortage of staff - bandwidth to teach
    - teaching is systematic
- RPNs are able to work on Pediatrics where they train and do placement
- carpets will be gone
- Lunch n learns
    - talk about best practice
    - share learning
    - workshops
- balanced workload so there is time to learn
- everyone feels responsible to participate
- teaching will mirror what the experience will be in real life

Strengths

- communication is good between the college and the hospital - infomemos and practice alerts come in a timely way
- small centre (cancer centre) opportunity for hands on learning and don't get lost in the shuffle
- most staff are accepting and supportive and try their best
- ensure in hiring the staff that they want to teach because it is a teaching hospital
- we get to know our staff well because it is a consistent team (RTs) - there is familiarity and they involve us in things like RT week and look out for us
- rotate through a lot of different things and get to work with different people
- interprofessional rooms available but they could be used better
- the computer system could be used better - there are too many steps and too many people - look for efficiencies

What are you counting on KGH for:

- education and training - education is books/training is hands on "hands on is my learning"
- nice to get supporting materials e.g., booklet and materials to support learning in pediatrics
- mixed opportunities of rounds and treatment audits - exposure to different kinds of learning
- exposure to different patients and different units
- conditioning us for stuff that happens in the hospital that you can't learn from a textbook - how to withdraw a patient from a vent (SIM Man is different from the real world)
- benchmark where you stand in the environment so that we can compare ourselves to other people who have trained elsewhere
- a job in the end
- networking
- hands on experience and a good preparation for the job
- want "came from or trained at KGH" to be a really great thing and not "oh my god, you trained at KGH"
- up to date technology - if you don't have it we might not come here because it won't prepare us for the real world

Access to Care and Clinical Quality and Outcomes (Combined), April 8, 2010 7am - 9 am, Old Cafeteria

Tell us of a time when you experienced outstanding care. What did the organization do to enable you to have this experience? What other factors contributed to this?

- Resource availability "Open Door" policy anytime
- Team work
- Coordinated
- Provincial Networking
- Technical expertise available with underlying human touch/emotional support
- Regional Connectivity with partners
- Support and availability
- Rapid service/care
- Great staff
- Support for family provided
- Seamless care, great communication
- Communication
- Immediate response to needs and larger trauma
- Everyone equally respected and welcomed (students, staff and partners alike)
- Extra steps of caring and respect --inquiring about/spending time with patient on Birthday/Christmas if patient is without family
- Keeping patient informed and updated
- Consistency with staff; patient is comfortable and feels valued when they are recognized, and someone took the time to ask how their day is
- Personal recognition and respect (Sing "Happy Birthday")
- Cutting edge/innovation
- Learning and doing good work
- Implementing new programs and sharing input (i.e. Advanced paramedic training; stroke bypass training)
- All engaged and involved in training and implementation of change and improved care
- Patients wishes to die peacefully at home supported by hospital staff and coordinated with external programs
- Hospital and community worked jointly to provide both quality of life and quality of death
- Staff who worked together to go "above and beyond" to attend to individual patient's needs to provide the right care
- Handling both the patient and family with great care--the illness effects them all
- Providing patients with quality care for difficult and specialized injury and extending that care when they are home via external programs--making patients aware of all care that is available to them
- Staff didn't get caught up in technology, or clinical view toward patient and maintained compassion and human touch toward patient care
- Family issues added to a patient's illness need addressing too--staff adapted and were innovative and flexible toward individual patient's needs.
- Respect for patient's autonomy
- Listen to patients' needs; see patient as whole family
- The technical care was good, but it was the staff who went the extra mile that stand out
- Whatever family or patient was needed was give--nobody ever said "it's not my job"
- Dedicated cardiac team worked seamlessly

- Outstanding staff made all the difference--took the time to show care/explain and make patient feel easy
- Patient/family centered care; Social work was exceptional; kept in touch after he passed away
- Personal connection between staff and patient; staff in control and confident about treatment/
- Stepping outside of care; designing service around the patient's needs and wants
- team work during a "disaster"
- Public perception of a hospital is to work well, be extremely organized
- Partnerships with hospitals--having the right people around the table to do the job right
- Calm, efficient direction from social worker to other medical team members/colleagues during a trauma
- Well trained, calm, efficient response to emergency power failure--team work
- Amazing how everyone in the community relies on KGH
- Perception of truly caring
- Quick admission
- Volunteer support
- Family very involved
- Great communication from nursing staff
- Social workers in Emerg/ICU
- Family given right information to make right decision
- Constant information to family and patient
- Quality of follow-up
- Given realistic expectations
- Compassion
- Careful, considerate, expert communication

What specific initiatives does KGH and its partners need to undertake to achieve outstanding care in 5 years?

- Improved patient transfer between hospitals Decentralize decisions
- Performance Matrix
- Staff engaged in strategic planning
- Define annual goals set for staff to meet
- Staff given performance assessments; meet the needs of the department and hospital as a whole
- Staff involved in new initiatives, engaged and supported by colleagues and patients
- Use patient feedback to improve and to "showcase" what staff do well
- Patient Navigation Program
- Marketing and Branding strategy
- Attract experts
- Embed patient education classes into care process
- Identify who/what KGH is; Develop identity and sense of self and clear role within the community
- Distinguish what care is provided at KGH and what is delivered/designated to community clinical services so staff can be proud to be "the best" at something
- Explain to community what we do/don't do so we can effectively lobby for resources
- Get rid of "red tape" to improve inter-agency resources
- Decrease barriers to provide services
- Create a "coordinator" type position for a staff person to navigated through all the "hoops" and "red tape" of hospital policy and security to allow for volunteers, external programs to come in

and offer patient/family resource programs, teaching/training courses and to just be there to talk with patients and make them feel less alone
- Encourage/support staff to not be "too busy" to take the time to talk with a patient
- See the whole process of a patient's time in the hospital not just a part of it; break down the "Silo" effect and channel patients needs along a seamless path
- Implement an E-discharge summary
- Develop a designated staff person other than a clerk to handle paper transfer records between hospitals
- Utilize technology to speed up referral process--all charts/patient docs in one file so all hospitals/facilities can "talk" to each other and know exactly what care the patient has received and what comes next
- Improve patient transfer system
- Define roles
- Define responsibility of being a partner "Partner" includes usual "7" but also LTC etc.
- More PACS and like-type initiatives
- Stop repeating
- Trust partners
- Increased communication means increased efficiency
- Initiatives need to have patient care as focal point
- Well oiled machine
- We need to know more than "what we do"
- Communication "what were you proud of? and "where did you not succeed? and
- Why?"
- Patient-centered collaborative care
- Supply chain management
- Enhanced communication with partners in community
- Career development training
- Exceptional orientation
- Peer teaching (resources are an issue currently)
- Exit interviews with patients and staff follow up
- Staff and patients not feeling stressed about moving through the system quickly
- Staff and patients: Clear understanding of continuum of care
- Great communication with patients and families
- Organizational warmth
- Hospital issues no longer blamed on ALC
- Provide excellent "customer service"
- Patients having total confidence in the process
- Putting your self in the patients' shoes
- Technology/Equipment seamless throughout region
- The right care at the right time --considering all available resources within the community and region
- Improved discharge system
- Decreased wait times
- Increased access to Care at the ER and ICU
- Patient-centered care: well-informed patient and family
- Process is efficient; decreased waiting all around
- No more carpets! Ever!
- Improved communication with charts and discharge

- Create a program to enable patients and families to be better prepared and knowledgeable about medical condition and possible treatment and in turn, the staff must be ready and able to answer any questions and weed through misinformation
- Continue with current programs and foster "tweaking" of communication from top to bottom to better understand why patient is where they are and where they have come from
- Patients become "family" while they are in a treatment/program and amongst themselves they are not listened to when they suggest improvements. Simple things like comfortable furniture, info boards, coffee and table to sit at and education sessions would benefit all
- Introduce a speaker series/video available to patients to answer questions about treatment
- Volunteers would be great but the politics prevent it
- Involve/develop community family health teams and ongoing/after care
- Limit communication holes between team members; from floor to floor and at discharge
- Promote staff to collaborate with and compliment each other and be consistent
- Leaving hospital/after-care system needs improvement
- seamless care (funding is an issue)
- Timely access to care; wait lists are too long--we know it's a manpower issue--and patients may prefer to see their family doc. but sometimes a specialist is needed
- Better communication between acute care to follow-up care both within the hospital and with partners
- Improve and/or develop computer links and technology to cut discharge time; to expedite patient records or make them transparent across agencies (patient history at all facilities available) with privacy concerns addressed-perhaps each agency could have the patient sign a release and communicate between one another
- Focus on helping the patient to move to the next level
- Family-centered care supported by team and technology
- Electronic order entry
- Clinical pathway along continuum: GP to Hosp. to Community to Home all share in the development of pathway; each partner can take the lead in development
- Political understanding of what's going on--why there is a wait--provide updates at regular intervals
- Respect need for information (take technology from airlines for eta and adapt for health care
- Provide information to patients on-line and ahead of time so that when someone is admitted they know what the plan is and can read up on their diagnosis, treatment, and ask relevant questions to docs and families
- Coordinated teams working together someone has an overview of the picture
- Using technological resources to help
- Technology to enable things to happen--eliminate waiting for CT's etc.
- Operations organized to take advantage of technology
- Communication and interaction with the patient
- Confidence building
- Trial video conference in Emergency with corrections and Weeneebayko for example and push the technology that is available when flying to remote areas so many times a month for dialysis; useful for airlift scheduling
- Better overview of what is happening at the LHIN level to deal with surge
- If you knew patients were en route to Emergency, what would you do differently?
- Proactive vs. Reactive
- Facilitate partners working together; knowing their lived experience and working with that; i.e. Trauma team working with L&A county (peer teaching)

- Provide internet access to patients (or even better--a KGH database with info on "How treatment works here"
- Patients have a point-person "Navigator"
- Patient flows through systems guided to decision and choices that are right for them
- True patient-centered care--involved in care, understand why,
- Patient choice is respected
- Patients placed where they need to be (no strollers in hallway no ALC)
- Take another look at what KGH and HDH focus on --the current model/roles are not working
- Regionally: All health partners know what the others do
- Clearly define strengths
- KGH seen as a centre of excellence in something
- What do we want to be known for?
- Smooth process of coordinated multi-disciplinary care
- A consistent coordinated continuum of care
- Gap: no one looking at how the whole system works--how do we integrate?
- Barriers: Hierarchy; Decision process; communication
- The health system works well together; partners work together to provide seamless care
- A health system that supports delivery of "Best Practice" care
- Better patient outcomes; KGH is top in the province and down in hospitality mortality
- Patients leave knowing what to do; how to continue care at home
- Computer systems listing Patient Problems and Care Plans
- When patients are admitted they get a bed
- No ALC patients; waiting is reduced
- Patient in the right place at the right time
- Multi-disciplinary team approach
- Emerg. patient goes home with appropriate services
- Staff in the right place; change schedule to suit the patient's needs
- Staff more accountable
- Better team work
- Performance matrix
- Docs rounding
- Families engaged with decision making
- Stop labelling Patients by their floor or condition, just call them KGH patient
- Make all staff on one floor part of the "team"
- ICPM fully functioning
- Families and patients would be telling us "We received Outstanding Care"
- Staff should be proud to work here--smile more
- Staff are empowered to make decisions
- Patients are 1st priority all the time

What strengths do we already have at KGH or in our region that we can build on to create outstanding care?

- Interprofessional teams working together to provide excellence in patient-family experience
- Established community relationships
- Commitment to improve and grow
- Have many community resources and organize access to them

- Expertise; wealth of knowledge; highlight experts and programs
- Well-defined regional relationships--know who we are working with; need to keep building inside and outside and maintaining those relationships
- Interprofessional teams who work with patients and families
- Queen's University --need to work together
- KGH is already a centre of phenomenal clerical and operational research that deserves continued support
- Transport systems that are unique; Regional ambulance vs. Advanced patient transport
- Regional good success in Bypass for Stroke and Cardiac care
- "Regional Concept" the bigger we grow, the more pressure will be put on the transport system
- IT operates with 2 systems; not 7
- Understand issues that community hospitals have and have a plan of action if there is only one specialist and they go away
- Would love to see KGH never say "No" when we have a designated role/responsibility
- Engagement is a strength; bringing knowledge to improve patient care
- We see a lot of people on a daily basis but could improve the "flow" better
- KGH's willingness to have partnerships with outside organizations i.e. Lung Association
- Using resources at hand; Specific skills with the patient and client experience in mind
- Use the data we have to make improvements
- Use technology to drive engagement
- Keep focus on the outcomes and use that to determine the process that will support/drive the engagement
- Make systems compatible to use for patients: products, technology, care maps, infrastructure
- Support role of care providers; prevention and support
- Need to focus on what each partner can do--no one can do everything
- Need to define what patient and family care means and then what the expectation of staff is
- What are the new processes of support we need?
- How to help patients and families make decisions
- Partnerships
- Continue to focus and develop patient- centered care on all levels; i.e. patient in hospital, patient at home, include family, community service etc.

What are you really counting on KGH for?

- Keep momentum; keep looking at how we get better and how to improve
- Senior leadership support; what support means to different groups
- Focus on collaborative approach to how you deliver care--when they come to you, you should know they are connect to team
- Harmony in care system in region--respect for all roles and maximum effectiveness of all the partners in the region
- Initiatives and listening to front line staff perspective
- Advanced team support
- Clinical support to regional hospitals and staff
- Keep protocols that work
- Maintain existing relationships and help better define them
- Continue refreshing dialogue

KGH Board Retreat
October 19 & 20, 2009
Summary Report

Introduction

The KGH Board of Directors and the KGH Executive Management Committee (EMC) met on October 19 and 20th to launch the Strategic Planning Process for KGH. The agenda and retreat process was developed by a small working group of the Board (see Appendix A) with the following objectives in mind:

1. Develop a shared understanding of the environment, including significant forces of change (facts, trends, analysis and implications for the future of KGH)
2. Conduct a situational analysis for each of our five areas of focus
3. Establish parameters for stakeholder engagement as we develop a strategic plan
4. Build relationships among board and executive team members.

Setting the Stage: October 19th

The evening of October 19th was designed to set the stage for the strategic planning process and the work ahead on October 20th by coming to a common understanding of what success will look like for the retreat and for the strategic planning process. Participants (see Appendix B for participants) suggested that a successful retreat would result in the following outcomes:

- Board and EMC members know each other and come together
- A common understanding and baseline for moving forward
- Cohesion and trust moving forward
- A shared commitment
- Agreement and commitment on the plan
- Leveraging the expertise of the group

The following summary of key words describes what success in our strategic planning process would look to participants:

- Clear direction in 3 years – clarity on what KGH is
- Commitment to the process
- Stakeholders unified and vision shared
- We have listened and consulted
- Community understands direction
- Seamless partnership with Queen's
- Research is part of the same plan
- Plan is executable and is executed (believable and achievable)
- Gives us a path through what is difficult
- KGH is an employer of choice
- Alignment so there are no silos, builds on and works with others fits into the provincial and regional plan.
- Flexible and adaptable to change
- Makes a difference
- Improves outcomes
- Measurable result
- Balances the demands of service and innovation
- Achieves the standard of care for Outstanding Care, Always.
- Mobilizes, unleashes passion, buy in, ignites energy, and is meaningful
- Builds on strengths

In an interactive exercise, participants were asked to imagine what the headlines would be for KGH in three years when our strategic plan is successful. The following table is a summary of the responses from this exercise (grouped by like theme):

IMAGINE WHAT THE HEADLINES WOULD BE FOR KGH IN 3 YEARS WHEN OUR STRATEGIC PLAN IS SUCCESSFUL	
• Community awards service excellence award to KGH • KGH wins National award for Operational excellence and care • Nobel prize from KGH • KGH a model in Ontario for how to provide services to a community for the resources available in Ontario – good value • KGH tops public confidence ratings in Ontario • KGH wait lists are the envy of all • Mortality and Morbidity is the best in the country • KGH state of the art technology	• Large surplus from KGH is invested in research • Medical researchers fight for appointment at KGH • KGH research institute achieves global recognition • Academic Health Sciences Centre Kingston announces Centre of Excellence • Kingston Health Sciences Centre….a shining example of Outstanding care always.
• KGH meets budget with no layoffs • KGH balances budget	• Phase 2 of the KGH Academic Health Sciences Centre redevelopment launched at City Hall • Etherington Hall sold for $1 for new KGH wing • King Street Moved for KGH expansion
• KGH Choice of the best of the best • KGH is one of the top ten places to work • KGH named top 100 employer in Canada	• KGH announces Research institute
• KGH announces new name	• UHN adopts KGH protocol • Mayo clinic twins with KGH to launch new program
• US senators visit KGH to leader about new patient care model • Senator McConnell chooses KGH as great example for US health care • CNN back to talk about KGH success as outstanding Canadian Healthcare	• $100 million donation to KGH for Phase 2 redevelopment • US philanthropist donates $50 million to research at KGH
• David Walker stays on as Dean of Queen's Health Sciences Faculty	

The evening concluded with a presentation from Tom Closson, President and CEO of the Ontario Hospital Association. He spoke about some of the forces of change and trends at the provincial and regional levels.

Forces of Change: October 20, 2009

In this part of the retreat, participants were asked to reflect on what they learned about national and provincial forces of change on Day 1 and to explore the forces of change at the regional local levels. Participants were also asked to look at issues and trends of importance for board and health system leaders. Part of this reflection included summarizing the key themes and messages that were taken away from Tom Closson's address. These take away messages included the following:

- A small number of patients use the majority of resources
- Need to understand the epidemiological profile for our region
- It is difficult to do strategic planning in isolation of partners
- Importance of alignment
- Need to build partnerships
- The financial position of the government will dictate a different way of doing things
- Implications of this financial position for operations
- There is no guarantee in the next 10 years that there will be money which provides an opportunity to look at different ways of doing things.
- Lack of leadership at the provincial level
- Connections to the OHA will be helpful

Participants then examined the key trends in the external environment that could affect the future of KGH and its three year plan. A summary of these trends is found in table 1.

Table 1 Key Trends affecting the future of KGH and its strategic planning

KEY TRENDS AFFECTING THE FUTURE OF KGH	
LHIN boundaries redrawn	Supply and Demand of qualified Human Resources
Regional Health politics	Alternate models of care delivered by???
Tension re: accountabilities	Collaborative services
Focus on Value	Leadership – strategic planning training
Increased accountability for core deliverables (outcomes)	Government funding limited
Funding – pay for performance metrics	Health Human Resources Shortages
Meeting increased demand with less	Teams &multidisciplinary care
Reactive versus proactive	Consolidation of providers
Accessibility and applicability of Knowledge	Stratify patients with "Right" health care worker/provider
Public funding, Pubic delivery???	Teams &multidisciplinary care
Convergence of Public and Private sector issues and opportunities	Alternate models of care delivery
Increased Public input into treatment choices	Keeping people out of hospital
Technology	Disease Prevention and health promotion
Shorter Cycles of innovation – shorter service life span	Patient population more educated
Rapid obsolescence/technological advancement	Aging Population
Continuing education –potential of technology	People living longer
24/7/265 world	Chronic disease Management

Pandemic, New infections i.e., H1N1	Obesity

The participants were asked to consider what KGH's strengths and capabilities are that will help it to navigate this environment to achieve the promise of Outstanding Care, always. These are summarized in table 2 below:

Table 2: KGH's Strengths and Capabilities

STRENGTHS AND CAPABILITIES	
- Technology and information - Open to new technological potential	- Partnerships - Connections and ties to other leading organizations
- Data / information base to build on - ICES satellite - Access to research and population health specialists	- Strength of our People - Blend of new and existing talent - Volunteers - Watchful but supportive unions
- Living lab – region of 500,000 and demographics - Power of small concentrated environment - Geographic hub of the LHIN - Manageable and measurable geography, quality of life, culture, water, etc. - Stable economics	- Producers of healthcare professionals - Learner population – inquirers, discoverers - Leverage KGH academic program
- Good will in community to achieve success - Supportive and engaged community	- Healthcare expertise
- Facilities and buildings going up	- Mission/mandate
- University Leading edge - Queen's and RMC – People, technology, medical school - Brain power and access to more	- Optimism - Attitude - Determination - Mid crisis – motivation - Insight and urgency and incentives
- Strong committed board - New management team and refreshed board - Renewal of KGH governance structure	- Capability to punch above our weight

The participants reflected on what else we need to know going forward. These "Need to Know" questions are captured below:

- What is the provincial health strategy?
- How good are we?
- What are the capabilities of others?
- How did others achieve success?
- How will our academic mission change?
- What does Queen's need?
- What do our partners need/want?
- What do our patients want?
- What do our employees think of the institution?
- What is our capacity to deliver services?
- What are the expectations of our community and capacity?

Our Role

Participants identified and considered the stakeholders who influence and are affected by KGH's Strategy. Theses stakeholders were identified by the following groupings:

STAKEHOLDERS WHO INFLUENCE AND ARE AFFECTED BY KGH'S STRATEGY	
FUNDERS	**EDUCATORS/EDUCATEES**
LHIN, municipal government, MOHLTC, Provincial Government	Academic institutions Neighbouring academic centres
Health Canada, Public Health	Learners
Other LHINs	Teaching partners
Granting Agencies, research funders	Medical School
Funding agencies philanthropists	Queen's U and colleges
Donors	Alumni
PATIENTS	**PARTNERS**
The patient/family	Area partners/other hospitals
First Nations	Other Organizations
Families, finding alternate care facilities	Regional partners/hospitals
Ex Patients	LTC facilities
Out of catchment patients	
Patients target needs of 1%	
COMMUNITY	**STAKEHOLDERS**
Emerging businesses	SEAMO
Marginalized groups	Physicians
Tax Payers	Auxiliary/volunteers
General Public	Unions/OMA/ONA
French-speaking community	Professional Associations
Correctional community	Health care Providers unions
Suppliers	Staff, physicians, nurses, etc.
Advocacy Groups	Staff
Community/donors	Care Givers
Community/employers	**STANDARD SETTERS**
Military – beyond Kingston	Medical associations – "Standard of care"
Professional associations and advocacy groups	Legal and regulatory bodies
	Accrediting bodies

Five Areas of Focus

Outstanding care always is our promise and this comes from achieving excellence in each of our Five Areas of Focus: Access to Care, Clinical Quality and Outcomes, Operational Excellence, Healthy Workplace and Innovation and Learning. The Executive Management Team provided the Board members with a brief overview presentation of the Area of Focus they are leading.

Strategic Planning using Appreciative Inquiry (AI)

Part of building the strategy for achieving excellence in these five areas includes learning from participants' best experiences – approaches and actions that have worked well at KGH or in other organizations in the past. The focus is on real experiences that participants identify as having positive impact.

Participants were asked to tell of a time when they felt excellence in one of the areas of focus was achieved. They were asked to choose one example to share with a partner when an organization was at its best in relation to this area and to define what contributed to this success. The participants summarized the key themes contributing to excellence. These included the following:

- Cooperation
- Readiness for Change
- Openness to change
- Opportunism
- Teamwork
- Capacity
- A catalytic event
- Opportunity or crisis?
- Standards
- Discipline
- Focused flexibility (to adapt)
- Nimbleness
- Ownership
- Milestones
- Execution
- Leadership
- Motivation
- Shared vision
- Communication

From this discussion, the participants engaged in a collaborative visioning exercise to imagine what Kingston General Hospital could achieve in each of the five areas of focus if all of the factors above were used to build a strong foundation. These visions for the future were discussed by the small groups and the following points are captured to reflect the key elements that participants felt were noteworthy for achieving excellence within the specific area of focus.

VISION FOR CLINICAL QUALITY AND OUTCOMES IN 3 YEARS	
Achieve excellence in organization redesign (ICPM) Systems Improvement	Improved education
Team work Leadership through team	Knowledge transfer
Communication	Organizational learning culture
Buy in to current initiatives like OSOS	Improved metrics
Reaching benchmarks - Patient safety, Quality and Risk reduction	Comprehensive Care
Process excellence	Patent Pending ©

VISION FOR INNOVATION AND LEARNING 3 YEARS	
Value Proposition	Shared vision
Change management	Opportunism
Creative problem solving	Knowledge translation
Execution	Need a physical as well as theoretical framework
Create potential	Have raised the necessary resources
Focus on clusters of excellence	Marker of excellence –number 1 choice of learners
Research institute shared KGH/Q	Active contribute to Health Policy debate
Variety of skills, experience, disciplines,	Copied by peers e.g., ALC, stroke, emergency medicine

VISION FOR ACCESS TO CARE 3 YEARS
Goal – to improve access to/through all KGH points of entry
From data rich To information Rich
Planning for capacity decreases
Sharing data/information with partners to improve planned predictable access to care in the most appropriate/efficient parts of the system

VISION FOR OPERATIONS EXCELLENCE IN 3 YEARS	
Teamwork	Communication
Communication	Stakeholders support
Measurable results	Resources
Excellent leadership	Performance Measurement
Decisiveness	Balance Focus Groups
Motivation to succeed	Achieve the PIP
Shared Risk and desire to improve	Momentum
Progressive and collective confidence	Near term performance
Visible and agreed upon goals	Complement mid & long term

VISION FOR HEALTHY WORKPLACE IN 3 YEARS	
Focus	Establish priority
Priority	Leadership/passion
Discipline	Follow through (tenacity)
Resources	Communication and energy
Identify the problem	Ongoing evaluation and adapt plan
Ownership of the problem	

Community Engagement

S. McGuire, Chief Communications Officer, provided a brief overview of the goal of community engagement as part of the strategic planning process. The strategy for internal and external engagement will be developed in consultation with the Board.

Just Imagine Leaders Forum, Dec 15, 2009
Summary Notes

Exercise 1.

In 3 years time, what will headlines say about KGH if we are successful with our strategy?

- KGH stayed on track despite the challenge of redevelopment and budget stayed on track with our strategic plan
    - … efforts are noticeable
    - … staff say it's a pleasure to work here
    - … receives top 100 status within North American academic hospitals
    - ---No carpets
- Good news coming out of KGH
    - Budget positive
    - Reduced wait times
    - KGH on top of reported
    - Capturing the opportunities
    - KGH most trusted organization in Canada (beyond health care)
    - Staff/patient satisfaction high
- 2012, less likely to have negative story
- KGH balances budget
    - … awarded innovation fund
    - … becomes a top 10 employer
    - … recruitment and retention rates soar
    - … now paperless
    - …#1 in patient safety and satisfaction
    - … achieves 1% sick time
    - KGH a magnet hospital
    - KGH a leader in Health Human resources planning
    - KGH on leading edge of research
    - KGH recruitment soars
    - KGH retention rates soars
    - KGH now paperless
    - KGH rated # 1 for patient safety/satisfaction
    - KGH an environmental leader
    - KGH a leader in health and safety
    - KGH attracts the best and brightest
    - KGH boasts 1% sick time
- KGH no debt, no deficit
- The Real new KGH – construction begins at new site for one hospital
- "single Board – Single management"
- The "network" Hospital connects with the regional partners
- KGH announces research institute
- KGH top 10 employers in Ontario
- Where'd they go? Carpets disappear
- KGH leading in benchmark comparison with academic hospital of Ontario
- Zero infection rates at KGH
- KGH tops indicator list as best e.g., mortality rate
- KGH back in the black
- KGH leader in environmental stewardship
- KGH provides leading home care
- KGH embarks on the next phase of redevelopment
- KGH is recognized as 1 of the top 10 academic health sciences centres in Canada

- Working capital deficit eliminated at KGH
- Respected regional partner
- KGH breaks ground for new research institute
- KGH achieves 6 sigma
- KGH awarded $5 million for efficiencies
- Waiting list largest of people wanting to work at KGH
- $20 million re-invested in KGH innovations
- Patient satisfaction at KGH highest in Canada
- Zero infections in clean surgery last year
    - … lowest infection rate in the province
    - … attrition and retirement rates at zero
    - … staff in patient relations assigned to areas with work
    - … retires deficit ahead of schedule
    - … we've got beds
    - … eliminates wait times
    - … provides online remote care access
    - KGH has a waiting list for volunteers and staff
    - Families and patients share in the direction of KGH
    - KGH rose to the challenge
    - KGH is accepting Criticalls
    - KGH tops the best 100 places to work
    - Lowest rate of nosocomial infection in Ontario
    - Attrition and retirement rates hit zero at KGH
    - Staff at patient relations office reassigned to areas with work
- The new KGH "myth or reality"
    - All beds open and fully funded
    - Balanced budget
    - KGH named top employer of Ontario
    - KGH opens parking garage to accommodate all patients
    - KGH lowest wait times in Ontario
    - KGH eliminates paper
    - Leading edge in quality patient care, technology, people practices, efficiencies
    - KGH chosen as #1 employer in MacLean's top 100 employers
    - KGH spearheads deficit ahead of schedule
    - KGH eliminates wait times
- KGH spins off award winning device company
- KGH voted top employer
- KGH pays off its debt
- Kingston health Sciences Research Institute opens its doors

Exercise 2. What does excellence look like in 3 years time in your area if we are successful with our strategy?

<u>Operations Excellence:</u>

- In best quartile financially
- We operate within budget
- Lowest cost/unit of service without compromising quality
- Lowest cost per patient day in Ontario academic hospitals
- Integrated budgeting, reporting, KI system (i.e., eliminate duplication of efforts)
- Real time KPI dashboard
- Analyze all steps in any process

- Streamlined patient transitions
- Readily available date on selected benchmarks and parameters
- Customer facing service organization
- High level of customer satisfaction (internal and external
- Excellence in support provided by Finance to leadership
- Process improvements in the following areas:
    - Operational agility with patient profile shift
    - Utilize "Best Practices" for all services
    - Adoption of new technologies and best practice into pathways
    - The best/required equipment on site, on unit, on time
    - Analyze all steps in any process
    - Streamlined patient transitions
    - Lowest cost per unit of service
    - Quality improvements
    - PIP targets
- KGH surpasses HAPS expectations
    - Rigorous budget management
    - Lowest cost patient care
    - High patient satisfaction
    - Error free payroll
    - Staff + management know objectively when it's a good day (visible metrics, dashboards, benchmarks, case costing)
    - "apples to apples" benchmarks and metrics
    - Case costing comparisons
    - Benchmarks and comparators for clinical care provides by physicians i.e., LOS, cost utilization
    - Reinvest our surplus – capital budgets go up
    - Perfect blend of human and technical resources
    - Improved communication
    - Perfect match between patient need and resources applied
    - Advanced IT
    - Patient volumes go up while innovation enables care to remain excellent
    - Enforcing rewards and consequences for operational performance
    - Mentorship for managers
    - KGH leads in innovation excellence
- Physician engagement in operations (relevance and success to them)

<u>Access to Care:</u>

- Patients direct their own care – in the drivers seat
- Not only access to care…the RIGHT care; right care in the right place at the right time
- Better patient care access – starts with efficiency in the ER
- More collaboration… physician engagement… all for one attitude always!
- Access to metrics in real time
- Timely clinic appointments… no missed appointments due to parking
- No patients in the hallways
- No OCB needed
- Reach all benchmarks
- No cancellations of procedures
- Respected regional healthcare partner
- All staff working to full scope;
- Advanced practice nurses
- < 6 hours ED LOS

- Streamlined access to care from the community
- Able to accept transfers immediately
- KGH respected regional partner
- Access to rehab including ambulatory rehab + community rehab services across SEO
- Seamless discharge to home in a robust community care system; timely and safe discuss
- Optimal community/home support
- No ALC
- Repatriation agreements with partners and not just for stroke patients
- KGH = respected regional partner
- Zero patients in ED waiting room
- Decreased wait times
- Excelling 90% wait time performance targets as benchmarked across peer organizations.
- More collaboration ++++++++
- Reduced wait lists
- ER wait times exceed targets
- Lean methodology fully embedded as KGH's Problem solving/performance excellence methodology
- Timely access to required procedures i.e., MRI priorities met
- Zero offload delays
- Meet LOS targets
- Admitted patients get bed within 1 hour of admission order
- No procedure cancellations
- Stroke unit care at all hospitals in SEO with volumes > 100
- Optimal environment for patients
- Access to tertiary beds
- No off service patients; right patients in the right beds
- Care in the right places
- No duplication of tests, no unnecessary tests
- Focus on prevention
- Zero cancellation rates
- No redirection
- Patient satisfaction – 90% of our patients recommend KGH to others for their care
- Patient centred, not provider centred
- Equal access to high intensity resources for all
- Facilitation
- Bed meeting not required
- Timely clinic appointments
- Community understands and values KGH's role and contribution
- Community understands how and where to access care

<u>Healthy Workplace:</u>

- Attendance promotion, safety and engagement require a culture shift in the following ways:
    - Encourage and support a workforce that loves coming to work
    - Education and learning opportunities so they can achieve excellence
    - Daycare
    - Decision-making
    - Pride
    - Parking
    - Healthy staff
    - Recognition
    - Appreciation
    - Balance

- Healthy employees
- Exercise facilities – lunchtime yoga, onsite gym. Exercise time
- Mentorship
- Peer support
- Celebrate successes
- Enable involvement in decision-making – empower people
- Air, water quality
- Team spirit, having fun, work hard-play hard
- Culture of respect
- Work life balance
- Supportive return to work
- Culture shift
- Opportunity
- Autonomy
- Talk to each other
- Learning opportunities
- Positive environment
- Safe environment
- Reduction in unhealthy stress factors
- Attendance retention and recognition
- Engagement in solutions
- Participatory, transparent
- Supported educational/professional development
- Flexibility in schedule
- Everyone has knowledge and tools to be effective at work
- Staff engaged and come with solutions
- Enhanced leadership capacity
- Training opportunities for all staff
- Leaders example to other organizations (peers)
- Everyone involved
- Creative solutions (think outside of box)

<u>Clinical Quality and Outcomes:</u>

- Leader in length of stay and alternate levels of care
- The healthcare industry will look to KGH as the gold standard on key metrics
- CIHI rates us top 5 academic hospital… profiles us for patient safety
- Zero infection rate in our hospital
- Electronic order entry – drugs, patient records, etc
- Care plans for all patients
- Integrated electronic record documentation
- Decreased labeling errors
- Decreased patient complaints, medicine errors, near misses
- Reporting of “near miss” and “good catch” on the rise
- Patients recommend KGH highly for the clinical quality
- Utilization data readily available
- Decreased patient complaints
- No medication errors
- Resources appropriately aligned to clinical priorities
- Patient outcomes meet their expectations
- Excellent patient safety program – active case finding
- Timely accurate metrics widely reported
- Top 5 CIHI academic hospitals

Innovation and Learning:

- Research, education, leadership
- Increased funding for research
    - External peer reviewed
    - Corporate sponsorship
    - Foundation for research fundraising
    - Research institute established, exceeds expectations,
    - KGH implements new research chairs
- Leadership development – creative solutions
- Training opportunities for all staff
- Students all year round
- Top student recruitment
- Cutting edge private partnerships
- Increased grant funding for nursing studies
- Financial support
- Research funds double
- Annual publications; increasing nursing publications
- Big research donations
- Hospital budgets support staff education

Exercise 3. "What did you hear today?" Key Themes

- Get into a position where we can invest in ourselves. Get beyond the deficit and invest in things that are exciting and visionary. Take advantage of great ideas to move us forward
- We have an intense desire to improve – the tricky part is how, willingness
- Leadership against other hospitals in Ontario… not just improve, top leadership, leading roles
- We have a craving for information

What's missing from our strategy discussion?

- Do the Areas of Focus make sense - Yes
- We talk about access to care but are we providing the 'right' care?
- How do we enable front line staff to be engaged/empower them to see opportunities for improvement and enable them to improve?
- Accountability across the board – developing the capability to energize, motivate people to lead us through these things
- Deal with the negative consequences
- Are measuring and rewarding the right things?
- How to we arbitrate conflicting priorities and facilitate a way that the corporate outcomes doesn't create conflict
- Get specific about what the priorities mean, what's included
- Get specific about what we will be excellent at
- What don't we do/need to stop doing that will enable some of this? What choices do we make of what we will be great at??
- The resurrection of our image. What can we promote as achievements even in the local community? We're modest, we undersell. Need to promote what we're already good at
- Reposition KGH locally and regionally – needs to start internally before you can direct it outside/spreads to outside
- Lack image regionally
- No one ever asks us "What do you think we're good at?"
- Next session need to focus on what we are good at.
- Need to think about role in 'system development'

- What are our competencies/capabilities

Exercise 4. What are you ideas for how we reach your staff/colleagues with internal engagement to get their input?

- Leaders must model the way. Walk the talk (what does this look like?)
- Whatever the message is, it needs to be true, transparent, actionable – behaviour that we can model
- Need to be part of the process
- Behave as a team. Message needs to cascade down the chain with same amount of enthusiasm as exists at the top. We all have to be excited as a team and staff will catch the fever
- Have to focus more on 'how we can' rather than 'why we can't'
- Clarity – leaders have to understand specific responsibilities and the plan of action within the wider strategy – where we are going, how getting there, what our role is as leaders
- Total acknowledgement and recognition of everyone – people behind the scenes who make things happen but are never acknowledged – broader, more inclusive recognition – holistic approach
- Flatter organization

PPC Engagement Promise and Guiding Principles December 16, 2009

Imagine our ultimate achievement of our promise Outstanding care, always. When you hear about the promise what does that mean to you?

- providing the best possible family and patient centred care always (care that is effective and efficient)
- outcomes – tracking our outcomes and aspiring to the best for our patient population (evidence)
- patient and family centred care – wonderful to have patients here answering with us – would like to see them at the table – need to think about finding ways to have them part of the of the process
- looking outside in perspective – that patients we serve would know regardless of why they are coming in to KGH that they would get outstanding care
- would like to hear from the patients "that was outstanding"
- in thinking about our own family member seeking care – really have to navigate the system to get excellent care – we are skilled at figuring that out but we don't always or can't always do it for everyone – it is about "access" and knowing how to communicate to patients how to get what they need. For some patients it is excellent but sometimes other patients don't get the same care.
- Patients and family members feeling and expressing that they are getting outstanding care
- Everyone in the hospital feeling that they are giving outstanding care
- Think of two things based on my role (1) conscious that we have aspirations to provide outstanding care but to do that we have to have the resources and support available to help our staff give outstanding care (processes in place to help them achieve). (2) Second thing is the "always" – what comes up is that we write policies and processes is that they work for weekdays but the challenge to address is how to give the same care during evenings and weekends. To support our providers 24/7 so we have consistent care 24/7. Right now aren't able to achieve that
- Combination of seeing it in the numbers and feeling it in what you see and what we do
- Want people outside to phone us because they know what we are doing and that we are doing things really well and then want to learn from us (they used to call us).
- Accessibility – we make it challenging for people to get health care and keep their full time jobs
- Customer service philosophy needs to be prevalent in the whole hospital –we need to be the KGH team with sub teams. There is a tendency to silos and we need to transcend that
- In social psychology experiments all it takes is to recruit one person. I don't have any doubt that individual providers are giving outstanding care– it is when we don't have all the players working together for that patient – that is where it breaks down. The face-to face is ok
- There needs to be more collaboration and continuity of care. The collaborative effort comes in when you talk to your colleagues. When there isn't collaboration and communication the care is fragmented – need to discuss with each other and work as a team. The patients and families need to get a sense of that. We hear from the patients questions like " Do the doctors ever talk to each other"
- Innovation

Leslee asked the group if the notion of the promise of outstanding care, always resonates:

- it gets me excited. Each and every one of us can partner to create the culture of creating the commitment
- We did not hear that this isn't possible – it is doable
- LJT - how it is expressed and what it means can continue to grow – can create expectations around best practice and consistent care to embed it and keep moving towards it. The longer term is some that can inspire and we can hold on to. We can redefine.

- If I am totally honest – the "always" does bother me – with my own practice and the constraints it becomes difficult to do that every day for every patient. If I can I aim for that. It is something we want to achieve but I find it a little stressful.
- The challenge is finding a way to express the promise in such a way that every person comes every day and commits to the promise.
- Should be the standard and we need to figure out how we are going to do it.
- LJT - If it is a compelling enough aspiration we can figure out a way to make it work. Need the excitement but it shouldn't be totally comfortable – it is important to find the balance
- Comment is really appreciated – we every day are doing our best – need to consider the day to day

Transparency means:

- Honest with patients and families
- No hidden agendas
- Things are out in the open – whatever "it" is (financial, vision, etc) – open and honest and upfront. Internal communications about operations and making meeting minutes available. Transparency outside means we share our indicators with the public and are honest about them
- That people understand the who, what, where, when, and why of an issue – don't need to agree but understand where it has come from, why it has come…
- If something is being strongly considered for KGH (even if it is not decided) it should be put out there so can understand
- To take to the bedside transparency means that the patients and families understand exactly what is going on so they can have input in the decisions about their care (process is transparent)
- Transparency is at the level of the patients, organization and public
- LJT What help can you give us in terms of what it will look and feel like at KGH when we have a transparent culture…
- We do a good job of point in time communication – but if people weren't here on a particular day or don't have computer access they might miss something. Intranet still needs work to make information available. Sometimes it is hard to know who the audience should be for specific information. Internet could be used as well for the public audience. The intranet process needs to be managed.
- People's ideas of transparency may vary depending on where they are. The face-to-face keeps the level of suspicion way down. The face-to-face opportunities help but some people are out of the loop and feel out of the loop because you are out of the loop… should happen informally
- Think of clarity and truth when think of transparency - appreciate info memos – it is the word messaging bothers me – it is quite offensive
- In terms of engagement – the leadership style may seem authoritarian – professionally we respect that certain things need to be done but if you want to engage people they need to understand why. Info memos attempt to do that but they don't always get the message across - professionals treated with respect and that is the communication that is missing. The rationale for why something is being done is the piece that is missing. If people understand the struggle it can empower them

Engagement means

- Welcoming questions and honouring those questions in a way that is collaborative knowing that conflict may arise and that is a good thing
- Big part of engagement is communication and communicating with members. As a hired in group the communication with PT and OT isn't always there which leaves us feeling not engaged. Getting engaged and ownership to be engaged

- To me engagement is a commitment to participate and delivering on our promise. I am faced with a big challenge which is physician engagement. We talk about volunteers, staff, learners, but we also need to include physicians.
- "Participation in… demonstration of" is a two way thing. Actually participating and helping with the work that needs to go on. It is true participation.
- To take to the bedside – engaging the patient – engaging them and talking to them about their goals and how they want to do things. Partnering with them to understand what they want
- Could do a better job with situations where things involve staff at every level. They could be very helpful in providing input into what will work. There have been so many changes at KGH – it works out better when the people directly involved can participate e.g. IPCM
- Checkpoint – LJT - heard that engagement is about personal commitment to engage – you know LJT- What needs to happen in a place to get away from the "we need more teamwork" – want people to see a problem and that they fix it or find out how to fix it. That we each ask What can I do to jump in and get involved." – does that resonate? Is that an engaged culture?
- that is the KGH culture – we don't jump in – we sit back and feel defeated by it. We have to look for the opportunities to assume we have more power than we do and use it to engage people
- Staff go on old ideas of how things were in the past – hard to get out to the frontline and show that what you say does mean something. It is difficult to get people to join in to engage

Accountability means

- We are accountable within our own profession and scope. There are times within our own practice where we are not aware we need support and education to help us move forward – support the person to move forward within a profession
- Need to support managers to do their job on the performance management
- Day-to-day we are accountable. You are accountable for part of your experience here. Even in hall way chat – people are accountable for their work life – it is more that the business – it is how we talk to each other
- Engagement and accountability are tied closely together. What challenges people in health care is that it is about the patient and the brief hallway chats are more about the issue (I'm stretched") – some of the processes that aren't good and don't get revealed because people don't have time. Accountability means that you know that when we see something that needs to be fixed that we rise to the challenge. Doesn't seem to happen always – it is a huge challenge. There ought to be accountability
- There is a patient and family accountability to become engaged in their own care. It will better support their own experience
- Accountability – at last town hall really liked that it broke things down by area with respect to infection. That was the first time we've seen that.
- Have to pay attention – all kinds of information out there. Sometimes people aren't taking responsibility to find things out. We are accountable to pay attention to what the organization is up to
- If we are going to create a culture where we take action and make things better when we have a process to bring things forward – very frustrating to take so long to happen (sometimes more than a year)
- Everyone should be accountable for doing their jobs. I don't see it happening. There is a culture where things just never change
- In addition to you be accountable someone needs to hold you accountable.
- LJT - I'm trying to understand this – there is almost a myth that is created that things never change when there has been so much change.
- People are not held accountable for all kinds of things – e.g., sick times – see it all the time. As a coordinator I am accountable for patients and patient flow. Not seeing people doing their jobs.

- There is a time factor involved in doing our jobs well. Don't have the time available to do job well. Six times in two years I feel that I have been able to do my job well.
- Notwithstanding that resources and time are going to be constrained we have to bridge this gap.
- "Accountability piece is doing what you need to do
- There is something that stops us all from taking a personal stand - because we don't do a lot of things together and know each other we sometimes don't talk about things. There is something that stops us because we think it is someone else's job.
- Time factor and energy – sometimes it is a matter of picking battles. Where do you want to put energy?
- We demonstrate accountability by… personal responsibility and doing your part…

Respect means..

- LJT – I heard this a lot in the first 100 days - put the REAL in BE REAL
- If one of our guiding principles is respect what does that mean?
- In my personal experience when someone is disrespectful it is like being on opposite sides of the fence.
- Being respectful of my self as well as others and being open to other ides and be open to disagreement and to be working towards what is best for the patient
- Respecting different opinions. Respecting what other people's definitions of what is outstanding care. Supporting engagement and respect. Even though we may not agree there needs to be respectful dialogue and a commonality. Sometimes we are on opposite sides and we need to bridge
- Demonstrate respect by how we solve problems and work things through
- You know what it looks like when you see it (LJT)
- Recognizing and respecting the work that people do – it comes from ourselves – but it becomes more tolerable if we are respectful of each other. Sometimes we are seen to be challenging the system when we try to fix the system. Verbal praise for each other. Two way communication
- Will respect go hand and hand when practitioners feel they are providing outstanding care. Disrespect sometimes comes from being stressed. Example given was disrespectful calls to pharmacy
- Respect will come from the others
- If you are respected you are more likely to be engaged. You are more likely to speak up. If you don't feel valued and respected less likely to speak up
- On a day to day basis - there is a cut off of communication if physicians don't share information – hard to work with the patients if you don't have information about what is going on – it is difficult to predict. It is difficult for the patient to see that the person at the bedside doesn't know what is going on.
- Big difference between we have a lot of changes and people saying that nothing ever changes – people saying that nothing ever changes might refer to that "I wasn't heard" or they didn't listen to me.
- Disconnect between the clinical level and other levels. Before I got involved in NPC I was sequestered. Need to be proactive and get involved. I am now a lot more aware and am trying to disseminate the information. It is difficult to reach them because they are so busy. You think why bother. People at the clinical level need to feel engaged.
- Value for money
- "When we spend money that it has a positive effect on something - $ to buy things and $ for people will lead to results. That we prioritize. It isn't always clear how the priorities are set. It might just be a lack of awareness for the rationale. When you are not engaged in the process it is harder to understand"

- “Whose value is put on this – it is tricky”
- Having the right person doing the right job – the ICPM philosophy – more value for $
- Constantly reassessing and being open to that and why things are changing
- LJT Lots of interesting work about patients and results for the $ spent – not about cost – it is about the value – if you are thinking about the results for the money spent you approach things in a different way. All about what value is being demonstrated. Every one of us has a responsibility and need to be thinking about demonstrating. A lot of organizations have a focus language like “being wise stewards and bring value.” We want to take it further
- Jill – it is a risky thing – for example will bring forward the perception that there are a lot more managers that in the old days – what is the cost, the value – to those of us species on the endangered list – there is a notion of a value judgment and that is a risk. Sometimes the value is “who has the loudest voice” and or what the MOHLTC values. If you start calling one thing valuable versus another it can be demoralizing
- I’ve found it helpful to use tools like the HIT tool and benchmarking and finding that it costs us 91 cents/minute versus $3 at another place
- LJT I’d like to hear any suggestions that you have
- Do you think that this look at the promise, principles discussion would staff want to be involved in this discussion?
- What will be important is that there is a sense that it will make a difference. In the 10 years I’ve been here I don’t think I have seen a difference. It might be difficult to engage the front line – might be some skepticism and we have to re-emphasize
- At staff meeting might be a good thing to engage people at the front line – unit levels and staff meetings will help but there are always people who can’t get to meetings.
- LJT: Ask of you as ambassadors and leaders that you take responsibility and participation. We will start to come up with things that are easy to use to encourage people to participate to allow people to be part of shaping the change.
- In the spirit that we talked about for engaging sees that each of you have a responsibility to help lead and participate in this journey – need you to get it right. We need you, I need you.

Nursing Practice Council, December 17, 2009 - Engagement on the Promise and Guiding Principles

Imagine our ultimate achievement of our promise *Outstanding care, always.* When you hear about the promise *Outstanding care, always* what does that mean to you?

- Patient satisfaction
- Patient care – LJT "what about patient care – what is good care versus outstanding care always " – making sure that the health care is done and making sure that the patient is aware of the fact that we have a job to do and that we can't always satisfy their needs we have to do the medical care and that may not always be what they want
- That people would have a picture of KGH i.e., when people think of the Ottawa hospital they think "awesome". We need that here and we need to have that attitude branded for KGH. As staff members we need that. We in the hospital need to have that attitude.
- Litmus test of that is if I had a family member here that I would have 100% confidence to know that elderly parents would have outstanding care and would be cared for better at KGH than anywhere else
- Following on a previous comment, I have had family members received care elsewhere have had people say "I've heard good things about KGH" – "my friend got care here and there was good positive feedback" – I looked at it that if a family member had come here from Toronto to KGH they would still be alive ????
- A place where if nurses had a choice of where to work it is here. Quality of care, very high standards, evidence based, high quality equipment to provide the best care
- At KGH we are innovators in care – nurses leading research, more funding, more publications, research institute with nurses as leaders. Research gives you the evidence and the direction and the tools to provide that evidence based care. Nurses at the front line have the questions – it puts them in the driver's seat of care. Influences staffing models – how we organize care, how we manage care.

Leslee asked members their thoughts on the notion of KGH employees making a promise to the patients we serve:

- It is a lot to live up to, to promise someone – the general public may see it as a goal. LJT asked "Do you think making it personal works" – no I don't –having the word promise out there might be thrown back in our face in two years that it didn't happen. Past impressions and results may set KGH up for negative feedback. Promise might be setting the bar too high with regard to patient expectations as well as nurses pushing themselves to the limit all the time and increasing their potential for burnout
- Agree that a promise is a strong word but with a strategic plan it gives strength and it going forward strong a promise might be the way to go
- LJT: one of the things that I heard was that the organization needs to show that there is something that connects people to something, and to make it more personal…"I promise…" I hear your reservation but there is an element of push and part of the push element is one of the ways to ignite the spirit and work together to make it happen. Maybe it is the way in which we express it
- I like the strength of the word – it isn't wishy washy – there is an element of trying, there is a commitment to it, there are no if, ands, or buts and I should try.
- I like the personalization – the buy in is what we have to work on. I have to believe that I promise to provide outstanding care always. We've done the goals before and it didn't work we need to stick together and make it happen. Our goal is to provide outstanding care.
- Values that we hold - that there is honesty and commitment and integrity. If you make a promise you make the commitment to follow through and you want to follow through

Guiding Principles - You were asked to think about our five guiding principles.

What does transparency mean to you and how do we demonstrate it at KGH?

- Strive to do everything you can for your patients and you fix them but they come back in the same shape – is there anyway where we can say to patients that the transparent goal for your care is…from the beginning of their stay with us?
- Do what we say
- You want to know everything is being done and you want it out in the open
- Not working in a vacuum – some people have information and they only give pieces and people work in silos
- Not everyone needs to know everything about what everyone is doing – I don't see that I need to know everything that Eleanor and Leslee know
- Transparency in terms of what you need to do your job.
- Can be transparent in terms of being open about what I am doing – I don't know where my staff need more information – not sure what more they want. Information is made available but staff members still say that they don't know because they don't read and they don't look. Don't want to look for it or work for it. I'd like to see the blame to be taken away. Getting it down and doing it. Don't see why need to know everything about everyone's business

LJT – it is the struggle about getting at what "it" is – so it is really important to know what we mean about that so we can set some common expectations. There are some things about transparency to the public that we are required to report on and there is information that is useful and beneficial to you in your own jobs. You have raised the issue and we have to have clarity around what the means.

- Transparency about your clinical job,
- There are lots of benchmarks – where do we sit against our peers – so we can understand and have some visual to be able to say here is where we are going so I can take on helping to move us there

What does engagement mean to you and how do we demonstrate it at KGH:

- buy in

LJT "help me understand what you mean by buy in"

- buy in to the strategic plan to get people to be engaged about wanting to participate and to be excited about it to live it
- not being passive and very much an active role and a sense of participation
- to make the promise as my promise beyond the KGH promise
- getting to know patients and families better and showing more interest

LJT – "What does it look like at KGH if we are highly engaged?"

- Sense of sprit and positive energy
- Being part of the solution
- Bringing ideas forward
- Every person having that responsibility
- Front line staff and everyone involved - at times want someone else to solve the problems – is it because we don't know how to take it forward – should be every other individual
- Togetherness – even if it is individual it is working with other people – working on the same promise

- There are always the individuals who have the strong, negative downer voice – still going to have those individuals

LJT "What does engagement look like and feel like?"

- cohesive unit and all partners are engaged. We are really good at caring for patients but not for each other. There needs to be some way to get staff at different levels connected to the organization so they are connected to the process that goes beyond patient care. I think what you are doing today is part of the solution is that it helps to get people engaged. Need to feel valued professionally and within the organization. When you are valued you go above and beyond.

LJT – just to clarify – that isn't something you are waiting for someone to do – that is something that you demonstrate to each other – sometimes I wonder what people are working for – "what does that culture of value and respect look like?"

- I think it is the little things of what you saying to each other – or our bosses saying – I heard something good about you or they work with you to help solve problems. Someone helping and giving directions to help with the problem solving
- I think you have to be valuable – I know that I am valuable – it is nice – "don't you think you get that?" [asks another member] – "professionally on clinical unit – yes – since I got involved in NPC yes – it has recharged my batteries and I've got more to give.
- Another member said "You went out of your comfort zone and stepped forward – need to get people involved"
- A members from the Belleville dialysis unit "I feel lost every time I come to Kingston but I've always felt that I am a valuable employee for KGH after 20 plus years at QHC. I felt that KGH is a good hospital and that there is lots of support."
- Part of what we need to do is find out where it is working well and where we need to move it forward
- How we demonstrate it is by smiling, saying hello, saying thank you – you get other examples – how we engage committees and others – how we show it to each other

What does accountability mean to you and how to do we demonstrate it at KGH?

- Be honest to staff and patients
- Being responsible

LJT "What does it mean to you with your patients"

- an obligation to the patient that I have the skills and ability to do the job that I've been hired to do and that I keep up with the changes and new knowledge
- Obligation that my role entails and I meet those – and if I don't, that I am honest about that and find a way
- There is a personal and a corporate obligation – there is the corporate obligation to provide me with the tools that I need to provide my personal obligation to the patients
- It is like the promise – I've made a promise to give best care so I am accountable for that – delivering on what you say you are going to do.

What does respect mean and how should we demonstrate it at KGH?

- caring for one another
- we are all the same – e.g., because you are a physician you don't deserve more respect that a housekeeper
- respect is earned – if you give respect you get respect back – pay it forward

- if you keep doing it, it will keep getting better
- respect is common decency to every one you come across and you also want it back – sometimes the public is not always respectful (yelling and swearing) – it would be nice to see that is not allowed – nurses are verbally abused – that is the essence of the Be Real (NOTE: need to bring the Be Real back to the NPC)
- some organizations have it in the elevators about what the policies are – we were going to bring it here
- going back to the satisfaction – we have to explain to patients why we are not able to do something to be respectful to them – some people expect too much and we have to help them realize what we can provide

LJT "how else should we demonstrate?"

- treat how everyone would want to be treated (golden rule)
- asking physicians to communicate to the nurses what the plan is – having nurses not in the know is disrespectful
- I recently got an email from a physician in all caps – I emailed back to ask if she was yelling at me– the doctor apologized (she was "yelling") – right away dealt with it and I respected her for what she did
- valuing units at every level
- Being prepared (doing your homework, following timelines, following processes, etc).
- Listening and offering.
- Cooperation within the team.
- Acceptance no matter what the person brings to the table – there is value there. Need to take time to listen, incorporate and reflect.
- if you have an environment where there is that respectful interaction it will hit a lot of the other things – people will be trustworthy and trusting, they will be accountable – the literature shows that nurses are highly respected but we don't all feel that way – but everyone (individual professional groups are saying the same things)
- respect is listening and respect is offered in the sense that it will be heard
- cooperation and working together as a team
- Acceptance no matter what the other person brings to the table that there is value there and we need to incorporate it and reflect it back.
- Respect is in terms of being well prepared and respecting peoples time

What does Value for money mean to you?

- Not wasting
- Doing the best you can with what you have
- Looking at outcomes and results for what you are spending – something might cost millions but its gains and patient care and safety and workflow etc.

LJT – "what do you think about it as a guiding principle?"

- I think it has to be included
- Everyone needs to be mindful of money

LJT - Sometimes organizations talk about it in terms of the wisest use of resources – we think it is more that the costs and resources management – if we think about it as results for the money spent. If we really push ourselves to think about what do we need from that money spent?

- It takes away from thinking only about costs – it is different when you talk about costs
- Always kind of thinking of the outcomes and results achieved for the money we spend
- There is a difference between spending money and investing it – we need to look at investing it. Sometimes can't put a dollar amount on something – example was about a year ago when we

tried to bring in a $10 mouth wash that had been shown to reduce risk of aspiration pneumonia – we couldn't get it through because of the cost. We need to look at cost vs. benefit and what the yardstick for the result is (administrative or something else)

LJT - Yardstick – we starting to look at what value it is bringing to LOS, corporate performance, etc. When I start to ask this question to patients we will start bringing the perspectives together so support the statement – the overall themes that resonate with the majority of people. I wonder does it still come back to cost – if someone says I value something that may not be cost related. That is some of what we are trying to pull from people is what it means to them. The bar – the taxpayer is investing almost $400 million into KGH – what results are we getting for the 70% we spend on people – our job is delivering value for the money spent on people, equipment etc. It is a different mindset than just saying that we spent it wisely – that isn't good enough anymore. Question is how do you measure results – we will have very specific results for each of the 5 areas of focus that will help us to show our value for money. Our accountability is to show how we are achieving these things – have to be achieving reduced Length of Stay, have to reduce infection, have to improve safety. People tell me that there is an entitlement mentality at KGH – it doesn't always translate into accountability – it might not resonate with people

- [NPC member] There is now a cost on the IV tubing in emerg – and it was astronomical to see that that tubing is $18 and change. It caused me to think about what tubing I used. It really helped to change the behaviours in emerg
- Does this go back to the transparency – if we are told what things cost it will engage us to save money
- The entitlement is a paradigm shift – the kids today feel entitled to get what they want – whether Gen x or Gen y – I think there are some things that are generational

LJT Do you think it is generational – [NPC] oh yes!

- I hear from people who have worked here for a long time that there is a "this is what I get and I expect a lot,,,I hear that with sick time and around the use of sick time
- People say that it comes from a different entitlement culture
- I find it generational [Those of us who have been a little longer]
- There is something to be said for nurses with experience – I'm going to pick on [name] when I first started she looked at the schedule to make sure that new people were working what they were supposed to work – I was flabbergasted that she took the time to look out for me.
- LJT to [name] "Is there a reason why you aren't speaking"
- [NPC member, frontline] "I felt that when I answered the question about the promise people ganged up on me – part of the tone that we are trying to set is that we aren't creating the impression that one answer is more valuable – the differing views are very valuable. I'm speaking as a representative for my floor – I look around the table - there are only a few people with frontline experience – putting out my point of view I am bringing it forward as a staff nurse from a very busy medical floor – 20 isolation patients, 10 patients on nights, heavy, …Irate family members –the charge nurse may be dealing with the 35 family members. I don't see the front line people here and I am feeling centered out here but I feel we need those front line opinions. I've been here 20 years – seen a lot of promises – KGH has put out a lot of promises

LJT "Thank you for elaborating on that – that is why we are going out there to ask people"

- [NPC member, frontline] I appreciate that – I think it is wonderful that you are out there – promise is still a big word – I see front line, housekeeping, dietary. Anyone sitting around here isn't being honest if they haven't heard that

LJT - Part of the strategy is that will go out to the councils and get to the front line and take the temperature and start to shape how we go forward. One of the ideas in the engagement strategy – going out where people are

- [NPC frontline] you have to go where we have lunch – will get more people – going to the people to get the pulse of what you have said.

LJT - I want to have others hear and learn and then we start to shape it. If the organization doesn't want to connect to the promise then we have to think about the "now what?"

LJT we had an example yesterday [at PPC] is that there might be a perception that we are placing value on different roles and there was worry about that – e.g., that administrator is more important than a front line staff member

- [NPC member, frontline] My comment about promise is how people perceive that word – is it positive but I have to stand up to what I said – it is a very big word to live up to
- The only place to see things [information, communication] is in the bathroom if you are lucky to get to go

LJT: It will take all these conversations – when I look three years down the road it is "this is my town, this is my KGH and this is my promise. If you didn't feel your views were respected and that we are placing judgment we want to make sure that express clearly that every opinion is valuable

- We really wish there were more clinical nurses here [at NPC] – where our voice is heard
- [New NPC member] I have been a nurse for three years and I had no idea in three years what Nursing Practice Council is. I wonder how many floors even know
- We have too many posters up everywhere – that is probably part of the problem
- Constantly asking for members [NPC] and trying – people need to step up
- Co-chair reinforces that yesterday [at PPC] she expressed that the "always" terrifies her. Professionally have told herself that if I can go in and give it my all and if I had touched one person today that is good enough for me.
- You have been an excellent, valuable person
- Question for Leslee – there are lots of things that nurses go through – conflict management and time set aside to this and that – are you going to be doing the same session with the MAC group?
- LJT Came up yesterday at professional practice that people see that physicians aren't as engaged as they should be – we need to really look at that in the organization. Need to get to where everyone is seen to have equal contribution it feels different
- Some organizations do something very specific for physicians – do we separate it out – haven't wrestled that to the ground yet
- "Some physicians are really engaged and others are not – pockets depending upon where you work."
- Really appreciate your input, your candor and your advice

LJT: My very last question - What is your advice for getting to the nurses and engaging them in this process? How do I hear their voice?

- Going to where they are – hard for clinical nurses to get away
- "Leslee if you showed a commitment to come a unit – if you have made a point of coming to a unit and hear what we have a say, I'd get a baby sitter and I'd be there. If you are willing to come to hear what we have to say, we'll be there".
- In first 100 days made the time and – yes – I am prepared to do that

- Every nursing unit and major departments
- It is hard to get this kind of conversation on email

LJT made sure that everyone knew that everyone in the organization has email. We all have an obligation to check it even if there is lot out there

LJT "Another thing I hear – everyone says they are busy and they are running too hard and stressed – we have a limited pool of resources – it means we have to deliver best value and achieving the bench marks. All the data shows we are spending more on care at KGH that other organizations – so why is the reality that we are on the edge of everything – some of it is processes that we have to fix. It is going to be a challenge going forward – what is it going to take to figure out how we spend our money differently – there isn't going to be money but we need to figure out how to have more value. Will invite you as leaders to help figure that out – You as nursing leaders are the best people to help to figure that out.

Final closing remarks…

I appreciate the time that you spent with me. Invite each and every one of you to be a leader to carry the message in terms of the work that is being done and what you think – in a positive way to help spread the word. If this is not valuable and it isn't working you have got to tell me. I need your feedback and your help going forward. I value you contributions in terms of making this better. I can't do this alone.

Promise and Principles Program Managers Council, January 12, 2010

(15 Program managers in attendance)

Promise - Imagine our ultimate achievement of our promise of Outstanding care, always.

What does this mean to you?

- Putting patients and families truly at the centre of how we do business
- LJT asked "What does that look like" – might need to reorganize our daily list of tasks so they fit with patient and family and be a bit more flexible
- Other hospitals have Patient advisory committees where previous patients are asked for feedback on what and how we are doing
- Easy access to the hospital – parking being an issue (I am cancer centre) and registration. We have patients coming into the hospital four and five times when we could do it all at once. We need to think of the patient and how to organize with them in mind.
- In general, it is hard to do anything without faith and trust particularly with clinical staff. We need to think that everyone is coming here for the right reason. Sometimes we discount that and we expect less that what people are able to give. Sometimes that is why we fall short.
- Can't provide outstanding patient care until we care for each other – need to trust and care for each other and work towards a common goal. Need to have a good sense of compassion amongst employees. It is coming and is growing but isn't there yet.
- Still some huge trust issues - that happens all the time – need to understand where it happens and how we fix it. Trust is part of outstanding care always – we need the staff to trust.
- If we don't have the trust in each other and the ability to trust the people above at the bedside and in other departments we can't have outstanding care. Frontline personnel often feel that they are on their own.
- Means an effort by all (appreciate the comment about the entry into the system). The promise really does mean not just the patient care portfolio but everyone... The promise needs to be embraced by everyone in the organization.
- Another important thing is an understanding of the patient's perspective and what they want
- If we go with the premise that everyone is here to do their very best – if we expect the best and have high standards, people will rise to that. If you are negative and not expecting the best it won't happen. Outstanding care is attitude and approach. I know that this team is here to provide outstanding care.

LJT - What do you think of the expression as a promise?

- We have to promise that – it can't be any less than that – it isn't an option not to strive for it – it is how to get to it.

- Some concern from staff is that the promise is out there and they are left holding it. All of the things play into the patient experience. A lot of front line staff feel that they can't live up to the promise.

LJT – every single person who comes here – how could there be anything else – some organizations have a mission that wouldn't mean anything to frontline – a promise is personal and if we make the commitment to who we are and what we want to be it is personal and it compels us to think about how we do it.

- In emerg, people talk about the promise all the time as a frustration because they want to do it but they are falling below their standards.

- As representatives from clinical areas what is missing is the commitment and support of the non hands on, non direct care. If we centre it on the patient it can be the platform for achieving the promise.

- There is a lot of literature in nursing around moral distress. The issue of burnout and going home in tears after race calls and deaths is like waxing a floor every day - it gets built up – where do we go with it? There is frustration.

- LJT – this is a call to action – it is about doing more with what we have and achieving the best possible job with what we have. We have to fix things. The managers need to see themselves as a support – we are helping the staff to do their job – not the top of the pyramid – we are enablers to help the front line staff

You were asked to think our 5 guiding principles - Transparency, Engagement, Accountability, Respect, and Value for money

What does Transparency mean to you?

LJT everyone says we need to be more transparent – what does that look like and how do we demonstrate that commitment?

- Understanding why decisions are made, how they are made and even understanding that decisions are made – I don't understand some of the upper decisions about how things are decided, who is involved in it

- A lot of staff feel that there are decisions that affect them and staffing levels that are seen to save money – people understand the PIP. Some of the decisions like the move to 3S0 have influenced how they do their job, their workflow, etc. Do minutes for a variety of meetings need to be visible so we understand the rationale for a number of decisions? Needs to be a better mechanism to communicate this information.

- It is not just reading the minutes. With 3S0 it would be good to get some kind of email to show that they have reduced the impact on the staff – e.g., by addressing supply levels on the carts. Being involved in that is how we can communicate with staff. We need to answer their questions – we have tried to get 3S0 staff to come to this meeting to talk about changes and haven't been able to get them here. Need to figure out how to get that feedback back to them and information to the staff to help remove the barriers? Part of the culture of the place is to make sure it doesn't get stuck

LJT sometimes we don't carry on the messaging when something is completed.

- Transparency means that it would be OK to fail the first time – that it would be OK to admit that there are problems (e.g., 3SO) and be willing to admit that there will be glitches and that we need the input an feedback to be able to fix them. That is transparency

- The interprofessional documentation is a similar issue – let's figure out what is working with the first implementation before that we expand it outward.

- How we/you could demonstrate it – communication of any changes that impact us and our staff – it is a different process over the weekend – if share the information on things like how it is working over the weekends. There are changes happening where those who are impacted aren't told and that makes it look like it isn't transparent

What does engagement mean to you?

- everybody has something to offer

- I need help from a variety of people and it is Ok to ask for help

- Engagement is more than just showing up to a meeting but active participation and sharing ideas – can be physically present but that means aren't engaged

- All have been granted invitation for engagement – the on call staff are forwarded the infomemos but they don't have the same opportunity to be part of the process

- Fostering engagement of staff in patient centred care – there is no more complex environment – we have to demonstrate and model the way and have to be engaged with front line staff – share with them and support them is they are engaged

LJT – what I want to know is the how – we have to enable people to come forward and respond to information that they are bringing to us so they feel they have a way to bring forward their ideas

- Engagement is listening and responding and giving feedback

- One of the best ways of engagement that we did with the LEAN team is a bulletin board – they asked for their involvement and showed what they did with the input

- Inspiring staff – need to find the reasons to become inspired.

- There needs to be a vehicle to be inspired and engaged (e.g., unit based council) has to be the fire from within

What does accountability mean to you?

- Part of accountability is having clear expectations for your role, where you get support within that role and what you are do. You can own decisions.

- Have the decision – transparency – this is my role, this is the expectations of my role – might create more respect

- Everyone is accountable for decisions they make, how they practice
- My concern is that accountability is being used as a threat – when the word is used and challenge people when it isn't used appropriately. When we are told that we are accountable that I look at what I need to make that happen, my resources, my contact people, etc. so that I can meet my accountability
- The only thing that comes from the managerial role is self respect – if you are given accountability here are the resources doesn't mean that someone is looking over your shoulders all the time. The calls from 16 different people asking whether we have done it – it is demoralizing
- Have to know what you are accountable for – I spent my whole first year learning what I was accountable for – ok if you know who to ask. When you know don't know where do you go?

LJT –haven't been very systematic with onboarding – throw people in and say go.

- Spend your first year apologizing
- Director doesn't really know all the details of what I am finding I am doing – a million calls to human resources
- What I am accountable for and holding others accountable –

What does respect mean to you

- Respect means
- all about validating who is coming forward – it is about listening and understanding the conversation. It is about understanding
- It means respecting everyone
- No matter who is in my office – there is no more important person that the person in my office
- Listening and accept
- May not always agree but accept that
- Play nice in the sandbox – simple values learned in Kindergarten – should just be part of what we are. Defining an obvious.

LJT – people say we don't have it so what is it

- Conducting ourselves
- How do we get to the organization that is respectful – it is a process, respect has to be earned – we want to build up the culture and value within the organization
- Openly valuing the contribution that others make
- Calling it what it is – acknowledging when something is not respectful – challenging

- Culture/behaviour – important when I come in and say the good morning, how was your night – that is the avenue of building respect. Small things that open the door. Starts to build that "I belong"

- We can only model the way ourselves… Tit will come back tenfold. I find all of these principles here and there are different definitions but it isn't here.

LJT – one of the biggest calls to action in my first 100 days was "make BE Real real" – that is all about respect – that is one of the commitments – we have to make it part of the way we work here.

- Behind closed doors – the one-to-one of Be real is insidious – why we want to keep rolling out

- I've heard that be real is a good concept – how do you address one-to-one

- In some meetings the lack of respect is appalling – that is not OK – so we have to find ways to get away from this – if we can say that this is a way forward it is not OK to treat people with disrespect. Need to hold people to that.

- Can't do a one-one with some individuals – that is a challenge

LJT - If accountability for be real is in your roles, your directors, and VPs it becomes one of the leadership competencies that we evaluate for next year we'll develop goals and a feedback process. We're starting to use 360 feedback starting with me. The tools will go to the directors and will help to build development plans and start to give people feedback and have the mechanism in place so it is OK. Want people to know that it becomes part of the standard of leadership

- Find it with the residents – lack of respect – belittling in front of peers – residents are our staff (they don't feel they are) – have an opportunity and they have a huge impact on culture.

- It isn't just the residents and it is the attending physicians – they absorb the attitudes that they see

- Even differences in nurses and it really varies by the context and place in organizations – plays out it in different ways

- Working on physician engagement strategy and need them to be an active part of the team

- The team is key – in places like ICU where you work with a team you get respect – this is how it impacts patients care.

- People not respecting what people are capable of – look at the model of care as an example – we will have a better product as a result but implementing something that is not proven – trying to say if we had asked the staff what could do differently it would have made a difference. Huge respect has been lost in this process – nurses that are not respected, work is devalued and that is demoralizing – we are ready to go but the reality is the cost is prohibitive

LJT - it will continue to be challenging, when we participate – we all need to respect – there was a phenomenal amount of work.

- I hear you saying "they didn't…" easy to have miscommunication – systemic lack of trust, worked through a number of issues – positive model – but it won't be fixed without respect.

What does value for money mean to you?

- best resources for the lowest cost – who can do the best job for the lowest cost (best value not the cheapest)
- bigger principle is having the right people providing the right service
- If there are people making decisions for an area that is not theirs they need to get input from that area (LJT is that value for money?) – need to understand the various perspectives to understand
- looking at things that are unnecessary – looking at steps that don't add to the patient experience
- in inpatients – everything that is patient-centred and reducing patient LOS wherever we can – get patients discharged in a timely way – value for the patient and us
- Being really clear what the value is for the money we are spending – these are the specific objectives that we intend for that money (goals for the money, indicators for the results we are trying to achieve).
- Being transparent when it doesn't work
- Fostering an environment of value for money – staff like to know what things costs – it gives a sense of the usage and people like to be responsible for the overall picture
- Being able to demonstrate that – to show how something does save money and save
- Also means service (value of the service for the money spent) - part of the transparency link

LJT really want to know what you think about it – our job is to get the best possible results – does this principle resonate?

- it is a stretch for nursing because we had quality before money– sometimes it seems to be offensive
- Isn't that what drives our practice to improve. Good quality saves money – reduce our infection rates – way above our norms in Ontario – systemic problem so we need to fix it. If we didn't have to give antibiotics, decrease LOS
- How do we know – everyone says we are working hard – we don't always deliver the best outcome – need to tackle
- We had a LOS for orthopedics that was very high – we involved and engaged clinical staff and now have LOS of 4.2 days. The staff can tell us about what doesn't work. If we can make it smaller and smoother.
- That is where streamlining process could reduce some of the minutiae management

Board Retreat - Input on the Guiding Principles and our purpose/role
January 13, 2010

You were asked to think about our five guiding principles. What do they mean to you and how should we demonstrate them at KGH?

Transparency means…
- "responds" to questions
- Let people know the processes
- No hidden agendas – all information revealed not sterilized
- Sharing information
- EASY access to information
- How decisions are made – input, who decides
- Disclosure to appropriate audiences
- 2-way disclosure
- The "good bad and ugly" – honest and open
- Tell the truth
- Clarity regardless of audience
- Parameters that are messaged and understood/accepted
- Stay ahead of the news
- Current and available
- Publicly available (not cloaked in privacy)
- Communicating regularly internal and external
- i.e., open Board meetings in city hall
- patient lens – full disclosure (even mistakes), open communication, advise patients of standards, advise what to expect
- governance lens – transparency between board and staff
- accessible
- understandable

We should demonstrate transparency by…
- By…communicating externally and internally
- By proactive communication

Engagement means…
- Both internal and external
- Two way dialogue (x2)
- Purposeful/respectful
- Allowing participating
- Providing a "voice" (x2) and opportunity to use it
- Means listening (x2)
- Asking and encouraging questions
- Needs to be a path to offer input geared to stakeholders
- Promise/commitment/trust
- Meaningful goal, meaningful structure, meaningful outcomes
- Do to understand/test ideas
- Openness to become engaged by others
- Easy access
- Active ongoing involvement
- Like betrothal "a promise", a commitment
- Underpins accountability

- Underpins trust

We should demonstrate engagement by…
- Forums
- Governance – wide rep

Accountability means..
- Who makes decisions
- Consequences – accepting accountability
- Responsibility
- Follow up – do it
- Who, what, when, finish – success, failures, etc.
- Responsibility…ownership (good, bad, ugly)
- Awareness of what accountable for
- Demonstrate by transparency and engagement
- Loss or lack of any of transparency, accountability, engagement, respect can lead to decrease in any and all of the others
- Owning the successes and failures
- Fulfilling obligation
- Showing how you deliver on values and goals
- Mean what you say
- Do what you say and deliver what you say you will
- Measurable
- 2 way or 1 way

Respect means..
- Recognize to diamonds in the rough
- Don't ignore bad behaviour – follow up
- Be REAL – is it working
- Be REAL
- Living the talk
- Recognize people who do it
- Demonstrate …having full engagement
- Demonstrate…action – disclosure, transparency
- Treating people as they/we want to be treated
- Tolerance
- Warm hearts/gentle hands
- Dignity
- Equal treatment
- Respect of each or our roles

Value for money
- Best quality for resources
- We will become a high performing organization
- We will never talk about money without talking about quality and safety
- Be prepared to stop doing things
- Ask tough questions
- Ethics of rationing
- Minimize waste
- "money" → value
- This is what makes sense

- Maximize outcomes for dollars
- Innovation for dollars
- Stewardship
- $ commitment invested has expected outcomes
- Recognize the risk
- Demonstrate through transparency and accountability
- Best results for $ spent
- Defined outcomes – best results
- Return on investment
- Comparative shopping – doing work up front of decision
- Aligned to priority and mandate

What role should KGH play in relation to others?

- provincial resource
- expert discoverers, learners, partners regionally versus local
- leaders in performance quality
- leader as provide and as employer
- partnership, partners
- community member
- quality patient care
- quality employer
- active in the community/region
- pace setter/standard setter, not follower
- accountable to our partners
- regional role - leadership
- mayo clinic - set the standards of care, education. partners meet the criteria we set (x2)
- leader in innovation
- attributes include listening to patient - role/decision maker
- KGH to focus on core business
- provincial and national resource
- research intensive hospital (x2)
- research institute
- research
- regional and provincial rather than local,
- regional first, community as well
- Kingston community hospital is aspect of our role
- employer of choice
- educator, research, healer, leader, regional care provider
- experts - set standards
- learners
- responsive to needs of our communities
- discoverers
- acute care hospital -tertiary care and secondary hospital
- wait times success
- educator of health care professionals and the public
- teaching recognized for leadership
- academic centre
- a resource
- responsive to needs of the hospital and the region
- high touch, high tech
- flexible

- above average performer

Other discussion

- what do we put on the table for our partners
- Is there a Canadian hospital that is both community and tertiary and how to they do it? Range between the basics and the super subspecialty is huge - must make choices
- role discussion is the most important aspect of engagement - what are you counting on us for
- need to match resource to the role and what is required
- one of the questions for the community - what would you prefer - colonoscopy in Brockville or interventional cardiology at KGH?

Leaders' Forum - Input on the Promise and Guiding Principles
January 19, 2010

Consider our promise "Outstanding care, always". What does it mean to you?

- "always"- keeping at a high level
- "cart before the horse"
- Access to care
- Accountability
- Achieving outcomes frequently and consistently
- Advanced technology, advanced care
- Balance between expectations and being able to manage outcomes
- Being helpful – always
- Best practice - #1
- Bottom up – not top down
- Buy in from staff – encourage staff decision-making
- Call to action
- Cancer program is best it can possibly be to care to standard
- Care with explanation of what/why/when/why not
- Care would expect for own family
- Collaborative care delivery, partnerships
- Collectively do what we can to foster the confidence
- Commitment, Commitment to "heart" of our dedication to patient care (2 responses)
- Common vision/commitment
- Compassion, Compassionate care (2 responses)
- Comprehensive – more than single diagnosis, holistic care
- Confidence that patient will receive best care
- Consistency, Consistent care provision , Consistent care regardless of external pressure at every step of the process (3 responses)
- Continuous quality improvement
- Coordinated – team understands work of others and do not replicate or undo work of others
- Cost effective, Cost effective, sustainable (2 responses)
- Decrease infection, Decreasing infection (2 responses)
- Depends on scope of services and how we will deliver on promise
- Developing centres of excellence
- Dimensions of quality – timely care, safe, effective, equitable, efficient
- Doing our best always
- Doing right things well
- Don't like it
- Effective collaboration/partnership
- Evidence based, Evidence based, timely, quality (3 responses)
- Focus on patient, Focusing on patient care experience always (daily) (2 responses)
- High standard, quality improvement, regardless of budget constraints, Highest standard (2 responses)
- How do we make a promise until we ask patients what they see in a promise?
- Information safe
- Informed patients and families
- Innovation (new way to do work)
- Is "outstanding care" appropriate when clinical care is only 1/3 of our mandate?
- Is the promise one person's vision? Where did it come from?
- Is this a motto/or promise?

- It is about caring
- It is not always outcomes that folk see as product – it is more often care/work done at individual interactions
- It's a career not just a job!
- Lean health care organization and roles defined – standardization
- Look after each other
- Make a mistake, indentify mistake, learn from mistake – move on
- Means we are still searching – if you're making a promise we haven't arrived
- Meeting patient and family expectations, Meeting the expectations of community/patients (2 responses)
- Must be followed by value statements
- Must believe the message – how do you engage staff?
- Must see things through patient lens
- Need to provide evidence of outstanding care
- No adverse reactions
- No begging for beds
- No compromises
- No nosocomial infections
- No patient complaints
- No patients in hallways
- Not inspiring – too mediocre
- Objective data (mortality rates, staff and patient satisfaction)
- Only patient matters
- Outstanding care along the patient care journey (journey to zero)
- Outstanding care also is education, research, administration, clinical, Outstanding care, research and education always…(2 responses)
- Outstanding to patient, from the patient perspective – perceptions vary
- Paradigm shift
- Patient and family centred/satisfaction
- Patient centered/focused care
- Patient centred care that should ground us corporately
- Patients feel supported in understanding care
- People talk about the experience – how do we measure patient satisfaction
- People, staff would feel engaged
- Physical environment that supports efficient quality care
- Positive patient outcomes (objective and subjective) (staff & patient #1 & family)
- Positive work environment in order to make outcomes achievable
- Pride where they work
- Process of care supports efficient delivery of quality standards
- Program is best it can possibly be – care according to standard, doing right things well
- Promise – how do we deliver?
- Promise is not measurable
- Promise is too generic – need to define it
- Promoting awareness of our excellence i.e., web
- Providing the right tools for staff
- Quick access as needed to care
- Reality needs to match promise
- Reassurance and confidence in the system
- Resources to match promise
- Right patient, right place, Right x at the right time by the right person (where x = anything) (2 responses)

- Safe patient, safe staff, safe environment – interconnected
- Setting standard of excellence/evaluate
- Setting the bar high so people will work at achieving this rather than set ourselves at mediocre expectations
- Should be leading best practice guidelines and not always following
- Staff can deliver on promise, high quality care, empowering staff, capabilities
- Stay positive
- Supported in an environment to go above and beyond to fill the promise
- Supportive processes/environment
- Surveys
- Think proactive
- Timely
- Timely access – get in when you (patient) what/need to (provider) – need to reconcile the two, Timely and quality access in SEO (2 responses)
- Understanding out successes with patient care experience
- Use the tools available
- We corporately get confidence then we can achieve our promise
- We need resources to meet our promise
- Where does research and education fit in?
- Would rather have a statement of excellence and define it

You were asked to think about our five guiding principles. What do they mean to you and how should we demonstrate them at KGH?

Transparency means…
- access to information
- Accountability is a prerequisite
- Accountability is for everyone
- Are some things that can't be transparent
- Balance of metrics – how are we corporately moving
- Better at posting and sharing of information at a higher level in order to be passed along to front line staff
- Bidirectional nature – need it
- Budget process and access to information
- building relationships and empathy for other departments – supporting each other
- Clarity of process re: decisions, Clear processes (2 responses)
- Communication – committees work, patient safety, disclosure of AEs, Communication of decisions, Communications (clear) (3 related responses)
- Conflicting accountabilities (patient versus budget)
- Corporate understanding paradigm/process for decision making – equity/fairness
- Culture that supports communication
- Decision making/process is open
- Diagnose source and solutions to problems
- Different interpretations…
- disclosure – shared learning, disclosure of harm events – even near misses (2 responses)
- Don't like "transparency" – buzz words
- Empower and trust
- Engaged
- freedom to question and speak
- Frequent communication

- Honest questions should bring honest answers, Honesty, openness in the workplace that is consistent, Honesty, respect linked to transparency (3 related responses)
- How decisions are made
- How do we reconcile? Need a framework for resolution
- Improve credibility
- Improved communication/critical decision making process
- Inclusiveness
- Informed, information sharing
- Input by staff in long term plans – how accommodated
- Involve people → buy in
- just culture
- Knowing your limitations
- Lead with transparency not control and command
- More about access to information
- Need time for transparency
- Need to learn and educate what defines transparency and how to action it
- Need trust
- No hidden agenda (2 responses)
- Not afraid to communicate
- Not justification only
- Open and honest with all (2 responses)
- Open communication from all – members of the team/all parts of organization
- Open decision making
- Open re failures as well as successes
- Open sharing
- Overused and has lost meaning
- Posting of minutes of the Operations Committee (openness) – rationale for decision making shared
- Professional obligation
- Public and staff informed
- Public craves transparency today, public transparency (2 responses)
- Real, consistent across the system
- Receptive to hear message
- Respect – tied to respect
- Right information to the right individuals
- Share problem → engage → work solution, Sharing, Sharing of "power base" by all levels (3 related responses)
- Should trust what you can't see
- Staff should know how decisions made – process
- Status of decisions – hospital patient, hospital frontline staff, hospital management team
- the patient as a true partner as a culture at the bedside.
- These are tools not guiding principles
- Thoughtful consideration of who needs to be involved, informed
- Timely, Timely (share information as available) (2 responses)
- to be learners, learn from mistakes – open to errors/mistakes, learning from them
- Tool that leads to trust, Tools (2 responses)
- Transparency implies something hidden
- transparency to regional partners
- transparency with patients – disclosure, ethics
- transparency with respect to information/information management dissemination
- Trust and honesty → transparency
- Trusting and understanding the decision process

- Understanding the difference between confidentiality and secrets
- What about all the other principles?
- What does transparency mean?
- What is the best vehicle
- Why decisions are made
- Work too hard to transparent and nothing gets done

We should demonstrate transparency by…
- A place where we can go to see where we are financially or with projects – details
- Access to information that is wanted or requested
- Communicating with patients and families
- Communication key
- Creating a supportive culture – not afraid to ask questions
- Delegate responsibility to managers
- Honest messaging
- How far do you go?
- Include
- More collaborative discussions
- No bunker mentality
- Process for communication and clear accountability for steps in that process
- Process should be in place for specific decisions e.g., HR, process capital equipment plan
- Respect for freedom of information
- Responsiveness
- Share knowledge, communicative
- Share the good, bad & ugly – don't "spin or sanitize" the message
- Show respect
- Use of technology to communicate – intranet/internet

Engagement means…
- "part of the solution"
- Ability to overcome historical barriers to having not engaged all players – overcome frustration/cynicism/"why bother", feeling shut down
- Accountability
- Acknowledge people for what they will bring to discussion
- Active, Active listening, Active participation in decision making (3 related responses)
- All participants are engaged in the "whole" picture versus their part
- Allow ideas to flow
- Ask open rather than "closed" questions
- Asking questions and being prepared to answer and accept the answer – be prepared for what answer might be
- At all points of decision-making require venue for engagement
- Balance time for engagement and follow through
- Be inclusive of all cultures/backgrounds
- Be realistic
- Being involved professionally and working towards a common goal/vision
- Cascading of responsibility and accountability (continuous learning and improvements)
- Choices
- Clarity of what is being asked and expected (i.e., for info, decision, veto, etc.)
- Communication – web sites, Communication (increase access to computers, kiosks) (2 related responses)
- Comprehensive – focus at all levels/points – focused to the issue

- Confidence in what others will bring to discussion
- Conversation – talk with not at
- Deliver what we promise
- Demonstration of progress – key to assuring message heard and change
- Dynamic of active offering of information/opinion and active listening/hearing
- Easiest to engage with other areas together
- Empower
- Engagement – distributed decision making leads to engaged, Engagement in decision making process (2 related responses)
- Engagement -→ transparency, Engagement is not possible without respect and transparency (2 responses)
- Engagement is everything
- Engagement of the broader community – city, patients, public, regional partners, universities/colleges, physicians, staff, students
- Engagement translates into something/action
- Ensuring that individuals have a "voice"
- Everyone contributes, Everyone contributes to decisions (2 related)
- Everyone feels values and are valued
- Everyone given opportunity
- Feeling your contributions are valued
- High level of respect for all
- Honest (truly involve, affirm, resolve)
- How do you engage – there are time limitations
- Include region in decision-making
- Included/aware of what is going on
- Includes patient/family to be patient centred and keep them at the focus of "care"
- Inclusive
- Interaction/involvement with staff/frontline workers
- Involve everyone – LHIN, partners, other healthcare organizations and entire industry (drug companies, etc.), Involved/informed decision making, Involving stakeholders in decision making (3 related responses)
- Make the investment up front
- Meaningful → input at the start process not after
- Mechanisms for engagement
- Mentoring (staff & management)
- Modeling the way
- Need to be accessible and what does accessible mean (i.e., how long to respond to email/inquiry?)
- Need to tailor different methods of engagement
- Needs to be two way conversation (feels included)
- Participation
- Patient as customer, partner
- Patient centred care – what do they want? We're good at telling them what they want
- People need to feel heard and be heard
- Presence versus attendance, Present and active (2 related)
- Prioritize feedback
- Process honest and timely
- Promote understanding
- Respect all input
- Right person/right place/right time
- Safe environment to support being engaged
- Sensitivity to various types of engagement

- Shared governance – all levels
- Social graces – smile, greetings
- Social networking
- Take opportunities as they present themselves
- Take the time to listen…perhaps we sabotage ourselves, Take time to involve (2 related responses)
- Team work – staff need to feel like they make a contribute and their role is important
- Tied to respect, team work
- Tools (i.e., forums), education re: tools i.e., intranet, Tools and training (2 related responses)
- Trust as a facilitator
- Two way street
- Understanding my role in institution
- Valuing opinions
- Visibility of the team in the process – need to be seen and heard
- Walk the walk/talk- do what we say
- Widespread contribution from all levels of staff
- Working together

We demonstrate engagement at KGH by…
- Ask for input and then use it
- Engage all staff
- Include people that are impacted by discussions (can set timelines and deadlines)
- Overcoming frustration and cynicism
- Positive feedback
- Provide support/tools – facilitate empower staff
- Reaching out to partners and community, creating opportunities

Accountability means…
- Accountability of leaders for their decisions (tied back to transparency)
- Achievable
- Acknowledge and involve the people impacted by change
- As it filters down accountabilities are less and less clear
- Assume risk and outcome
- Balance of expectations – prioritization a little bit of everything gets nothing
- Balanced with performance measurement and improvement/quality – with rewards/recognition
- Be given expectations and responsibilities before we can be accountable
- Being able to control within a framework with resources
- Being transparent
- Can be individual, group, team, hospital (different levels)
- Clarity for the above – expectations
- Clarity of who does what and who is responsible for what (not everyone can be accountable for the same thing)
- Clear objectives (2 responses)
- Clear re what – unable to do and what expectations are on what will do
- Clear understanding of your defined role
- Common understanding – who are we accountable to?
- Communicating what demonstrating that is measureable
- Competing priorities…
- Compliance/contracts
- Create culture of ownership, Culture that supports being accountable – what we can and cannot do communications (2 related responses)
- Current metrics are not useful

- Currently too much interference in day-to-day operations
- Defined expectations, monitoring
- Distinguishing between role – responsibility – accountability
- Do what we say we will do, Do what you way you will do – "follow through" at all levels, Doing what you say you will do, Doing what you say you're going to do (4 responses)
- Encompass all levels and all disciplines
- Expected – defined formula – engage, transparent
- Focus not on error but how to change and correct it
- Follow through on the promise, Follow up on decisions/consequences of decision (2 related responses)
- Hard to be accountable in such a rigid system…creativity is difficult to fit into our system
- Have to understand expectations
- Have to understand mechanisms of measures
- Having clear and realistic expectations (what is achievable/when)
- Indicators/benchmarking
- Information management needs to support accountability e.g., mortality rates
- Information to be available across system of care not siloed
- Involvement is part of accountability
- Keeping track
- Need data to help support care decisions
- Need to complete our objects and not worry about hours
- Need to know what you are accountable for and responsible for
- Need tools and time and training – orientation to role
- Needs to be achievable i.e., don't make someone accountable for something that is impossible
- Needs to be positive
- Not a silo perspective. Collaborative, broader view of the organization and core deliverables
- Not only financial/budgetary
- Outcome-oriented
- Ownership
- Performance, financial, patient
- Provide relevant information
- Quality and timeliness
- Recognize and say when we don't/can't do something that we say we will
- Relationship of trust
- Responsibility, Responsibility part of accountability, responsibility without authority, cannot have accountability, Responsible for self, for actions, for decisions, Responsible to stakeholders at all levels (within and between departments), Right or wrong accepting responsibility, Take responsibility for your actions (both ways) (6 related responses)
- Roles and responsibilities need to be clear (defined)
- Status quo becomes de facto accountabilities
- Step up to the plate
- Tied to outcomes
- Too much gaming
- Trust
- Understand role description, self evaluation/performance review
- Understanding expectations
- Understanding of what our decisions cost – are we working efficiently, how to maximize product/outcomes
- We do what we say we will do
- We need to be accountability to clients/staff/patients
- What is the measure to support and evaluate accountability

- Within defined control i.e., discharge, monies/budget
- Within scope

We should demonstrate accountability at KGH by…
- Consequences for not meeting expectations
- Give responsibility/authority
- Monitor/facilitate – help people grow
- Must provide pertinent information to staff
- Support people when then make mistakes
- Well defined/visible, exceed expectations

Respect means…
- "Be Real" code of behaviour, "be real" codes for all and doing something about it and actively support it, Be real (only 25% taken course), Be Real! , Expectation that everyone should be respected (Be real) (5related responses)
- Absence of fear of perceived authority or consequence to speaking up
- Acknowledgement of contributions
- Active listening to others
- Address disrespect (zero tolerance)
- Allowing individuals to have an opinion that is not judged (understanding the intention versus behaviour)
- Appreciate/value differences of opinions amongst team/institution, Appreciation for difference (2 related responses)
- Availability
- Awareness/respect is "bred" in culture
- Be accessible
- Courtesy, Courtesy, value for opinions, collaborative, support of ideas (2 related responses)
- Culture that supports respect
- Demonstrate intraprofessional respect, Demonstration of respect & consequences if not demonstrated, Demonstrative leadership (3 related responses)
- Dignity
- Do we respect external partners (Government, LHIN)?
- Earned
- Ensure voice of clinicians
- Everyone contributes, Everyone has a role- respect the role (2 related)
- External behaviour – demonstration – body language, awareness
- Get defeated before we start
- Golden rule, Key – golden rule, Treat others as you would like to be treated (4 responses)
- Have to feel respected
- Inherent value not a one time
- Integrity
- Is central to culture
- Know why decisions made, why some ideas cannot be implemented
- Listen to other even it if doesn't fit with your view/position
- Modeling respectful behaviour – recognition for respectful behaviour
- Must respect learners – RNS have no respect for nursing students/residents etc. Reaching for power?
- Mutual support/understanding of roles and each other
- Need security to be respectful – when threatened, people reach non-respectfully – tied to transparency
- Needs leaders that demonstrate this from within

- Needs to be follow through for non respectful behaviour
- Negative, inappropriate behaviour impacts everyone – derails agenda
- No labeling
- Patient advocacy
- Patient provider communication
- People still fear docs – perhaps docs feel their power is threatened
- Physicians are among the worst offenders
- Privacy/confidentiality
- Process
- Put yourself in patients' shoes – respect their wishes/decisions
- Recognition that everyone plays an important role – if one piece falls down, we all do
- Reinforce/define respect
- Respect for all roles
- Respect for the environment (avoid plastic/Styrofoam)
- Respect others limitations & strengths
- Respect the person no matter outcome of role – agree to disagree
- Say "it" to the person not about them first
- Say thank you – praise recognition
- Service and support are key
- Share the problem
- Stigma – not just illness
- This forum – leaders and non leaders implies hierarchy
- Too easy to email and not engage (miscommunication linked to lost respect)
- Value all people, Value input – active seeking out opinion and offering of opinion, value of each person – individuals, differences, of different views/perspectives, Valuing each individual's contributions and differences, Valuing other opinions, Valuing your colleagues, diversity of opinion (6 related responses)
- You get what you give
- Your communication matters not tied "pecking order"

We should demonstrate respect at KGH by…
- Acknowledging
- Be REAL campaign to help
- Being supportive, providing feedback on ideas that are put forward
- Constructive problem solving
- Contributing
- Each individual entitled to their opinion
- Express gratitude
- Forming relationships
- Implementing environmental stewardship
- Lead by example
- Listening
- Must earn respect – follow core values
- Recognizing peoples contribution

Value for money means…
- Always trying to be fair but need to divide the dollars among priorities
- Analyze why we do things – is there an outcome that can be measured
- Balance of efficacy/efficiency – do we do it well/should we do it
- Bang for buck
- Be the showcase

- Benchmarks
- Benefit/cost analysis
- Can't always "bow" to partners
- Can't be good at everything – must take a stand on what we want to be
- Clearly defined costs with clearly defined priorities
- Common understanding of what value looks like
- Communication gap – frontliners don't know what administrators do? What is their value?
- Consider opportunity costs always
- Continuous flow of process lots of little improvements coordination, everyone engaged
- Defined by dimensions beyond money
- Demonstrate by decision making framework i.e., does the 88 year old get into ICU
- Determined by client in terms of care
- Doing things differently
- Effective use of skills & talents
- Eliminate waste
- Embedded in all decision-making
- Embrace ideas of success from organizations other than KGH
- Establish and decide priorities for budget and how we can provide the best outcomes
- Evaluation of decision making paradigm
- Examination of resources and consider realignment if necessary
- Focus and support of time management
- Hard based on our geography
- Have to engage the region
- Increased sharing of value initiatives (lessons learned) and successes
- Invest in training
- Investing wisely
- Make sure the correct personnel are doing the proper duties
- Meeting and exceeding benchmarks
- Motivate
- Need centres of excellence
- Need information to know what money is associated with value
- Need transparency to understand benchmarks, what they mean and how to influence them
- Needs more discussion – what does it mean?
- Not always least expensive
- Outcomes linked to expenditures, Outcomes per $, Provide best patient outcome for each $ spent – need right benchmarks, prevention of harm, moving to target, quality of life, ethics, societal needs (3 related responses)
- Outstanding care always at the right costs
- Patient flow, care
- Patients need to be satisfied
- People committed – right people /right job invest in our people – balance of skill set and education
- Positive reinforcement with investing in patient/family and staff satisfaction
- Priority setting across the organization (programs, services)
- Product (equipment, service) analysis/evaluation – robust process
- Productivity improvements
- Providing the best patient outcomes for each dollar spent
- Quality
- Quantified by others expectations (i.e., MOH) – many stakeholders
- Right person in the right position
- ROI
- Satisfied that inputs = outputs expected

- Short term and long term can be different value
- Spending money is associated with outcomes versus not, Spending money wisely (2 related)
- Staff (frontline) do not realize how they contribute towards institution – lost perspective of the positive outcomes (i.e., patients alive/recovered and go home healthy)
- Tell us what you want so we can provide value
- Toyota
- Understand/include the "soft" value of $ spent, Understanding what costs are, Understanding benchmarks e.g., mortality, "efficient" hospital (3 related responses)
- Unrelenting pursuit of QI
- Value added decisions/outcomes – what do they cost
- Value for money or utility or impact
- Value means different things to different people
- Value within limited number of $
- What does value for money mean? What are we gong to concentrate on? Make investments
- Who do we benchmark ourselves against? Tertiary/academic/community mandate

We should demonstrate value for money at KGH by…
- "measured" interventions, treating is not always the best course of action
- Appropriate process for larger purchases
- Some latitude re: smaller purchases

Promise and Principles Emergency Dept., January 20, 2010
(18 frontline clinical staff)

Our Promise, Outstanding care, always - What does it mean to you when you hear the promise?

- Consistency
- Hate to say it but my reaction is unrealistic – shameful to feel that. Absolutely agree we should aspire to it. But without more staff – unrealistic with my standards
- How can we achieve it?
- [LJT] that will be what we work towards – want to know how are going to get there
- Don't know that everyone is on board – I am working on the access to care project and there are issues on medicine side. Our bed capacity is so compromised we can't care for those coming in the door. When Area A is full, we take care of 1 and 2s well, 3s ok (CTAS scores) but the 4s and 5s are great. We have so many admitted patients how do we do the emergency part? There have been lots of kicks at the can but it is not sustained. Not all the physicians are engaged. Sometimes it seems that the education of med students comes before patients. The rounding times makes it difficult to get the discharge. Now have more staff on days
- Huge challenges in a teaching facility – there is a resistance to change on behalf of the medical staff. [LJT, I am hearing that there needs to be alignment with the care and the teaching]
- Not living up to the promise. Our equipment is outdated, care delayed while we look for things. Implementation of projects in one department (e.g., lab) makes their jobs easier and ours harder. Doesn't contribute to good morale and good patient care. [LJT should we aspire to it?]– OMG yes, but now sure how we do it? If that is what we aspire to we have to drive to it.
- There are so many issues that make it hard and thwart us at every turn. Most of the people have the high ideals.
- [LJT] really appreciate comments and it reinforces the importance of getting it right

You were asked to think our 5 guiding principles –Transparency, Engagement, Accountability, Respect, Value for money

What does Transparency mean to you?

- Don't understand what you mean by transparency?
- [LJT it means to a lot of people that there is clarity, no secrets, no hiding – desire to be open and communicate frequently]
- Need to be able to communicate to manager our issues knowing they will be addressed.
- Need everyone to get a sense of the issues that affect each other
- No hidden agendas – what you are told is what you are there for.
- See a process from beginning to end
- Transparency to the public – need to feel that things are looked after. I think we could be more transparent about what is going on at KGH. I've felt held hostage by public opinion – that is very hard when you are sitting in triage.

How would we demonstrate transparency?

- effective communication
- I think you are doing that – the Infomemos are very helpful, printed, hard copy in the patient care room and in the communication book

What does engagement mean to you?

- see it as being involved within the whole process – look at what has happened in the past and moving forward in the future

- People would be more likely to get engaged if they see response to being engaged – action on the engagement. If what they said had merit
- Mutual relationship between management and frontline workers
- [LJT] what else does it mean? We need opportunities for engagement – hate to say committees and more meetings but that is a formal process for people to get involved
- LJT – how would we describe engagement so that it is a different culture, how do we get that?
- Involvement, being informed, get people to care
- Positive reinforcement would help those who were engaged already
- You being here [in emerg] have demonstrated engagement. We have not had a CEO come to us. We are the ones who will effect change so we need to be engaged.
- Medicine is not engaged – except amongst themselves
- It is like Stonehenge General – things have been the same since the first cornerstone was laid
- [LJT] If you have an engaged culture it is a fun place to be. There was agreement that most people wouldn't describe that here. We want people to say "I want to go here" – how do we get there.
- One of the ways is engagement
- Would be nice if we could evolve a little further and can have things like Tim Horton's and juice bars, it is awful when you are working nights and ran out the door without food.
- LJT QWL task force made the recommendation to have food available on evenings – it was evaluated and no one came. Feedback on the communication is key. No one knew about it. There was no knowledge about it. Nothing went around and not everyone had a chance to dig in. It still doesn't address the night shift? There is also a retail strategy for KGH – we are in the process of working on this for pharmacy and food – don't know what it will look like but are working with the Auxiliary
- How do other hospitals function without an auxiliary? Can we collaborate and engage together to collaborate. All of that will influence the look and feel of the front lobby
- Any busy unit that succeeds has a happy staff – if your staff are happy and motivated to work with and for you
- If your work environment makes you happy it can help. A lot of the incentives have gone away. Happy people make happy work. It affected the environment. We understand the budget cuts – seemed to be done all of a sudden at the same time as the workload increased. I like my job and have seen the morale change from the time I started to now. The morale decrease affects the team work and no one wants to help each other.
- LJT – it is much more that satisfaction – engagement seems to be the piece to create that environment – not waiting for the hospital to give and sitting on the sidelines judging. How do we get people in the circle and working to make it better?

Accountability - What does accountability mean to you?

- Someone is responsible for their actions – should happen at every level but doesn't always
- Do what is expected of you from your colleagues and yourself. Expect that everyone does the same
- Nursing as a profession has an accountability within the profession – not others have this
- Responsible for your own actions – it is all about the patients and advocating for the patients
- I think living up to the expectations of whatever your job is and functioning in that manner
- Living up to the standards of the hospital and what is expected
- That is good but I want to live up to my profession first
- I'm a nurse first
- If I am accountable – I need to be respected as a profession and that my advocacy for the patient is respected. It shouldn't be punitive
- Has to be on all levels. In our department we are expected to look after patients to high standards – we can't stop people from coming in the door and sometimes it is very overwhelming to meet the standards. You get behind in basic work – beyond our doors other departments don't have the accountability to keep the flow going. No one else seems to understand what we are trying to do. It

always seems to be a battle. [LJT in some organizations it is about accountability to the patient. If you build expectations around that approach affects the accountabilities differently. In some organizations outstanding care for the patients drives what happens across the cycle of care as opposed to the point in time for the track]
- In our department we look after people but it isn't enough.
- We can't say no – we can't stop the flow
- Patient advocacy – can't imagine being stuck in emergency for 4 days – we are creating delirium in the elderly. We are trying to keep the noise and the lights down. People do get sleep deprived.
- Emergency nurses don't think the same way – it used to be "treat and street" – we've had to rethink what we did and now must consider turning and night care
- I go home not being able to do the job as well as I could and that is hard

Respect - What does respect mean to you?
- Thanking people – nothing wrong with saying you did a great job turning things around
- Treat how you would like to be treated – should be us not them
- Don't talk down to people – talk as a member of the team.
- Get rid of the hierarchy – come to an equal level because you are a team
- Respect patients' privacy and dignity
- [LJT – this is something everyone one of us can own – good manners. I keep asking why doesn't it happen because it is something we can own and make a difference]
- One of the reasons why is that we don't understand the job and the outcomes of your job – comes around to no communication
- I have been here for a year and a half and didn't know the Director
- Communication is understanding
- Patient flow Committee is looking at better care and better flow – people are working on the sidelines on these jobs – a proposal will come out and there are naysayers and without trying to understand. We don't understand and we don't know
- It gets hard to bring people along
- [LJT – one of the things will start to see – we start to see daily news on the intranet and will be able to print it.]
- Easier to follow themes and questions
- New staff people need to know who new staff are – put a picture on

Value for Money - What does value for money mean to you?
- get what you pay for – that is what it is
- It is nebulous does it mean fiscal responsibility? Need to know that the front line can save a lot
- [LJT] the notion is the best possible results for the money you are spending. We need to think about how to capture the notion of value a little better
- at the grassroots level we think about what can we spend money on that will be value to the patients – glucometers, blanket warmers
- [LJT] asking frontline people what you need to do your job
- electronic charting would be good – the paper trail for the blood work is crazy –
- EDIS will be a hard implementation
- Investment – cut or find money in other places

Given that we have talked about the five guiding principles and our promise is anything missing as a core value for KGH?
- autonomy – nurses have no autonomy because it is a teaching hospital - not working to scope of practice and are losing skills

- the right person for the right job threatens RNs – it is all about the residents – it is not used, not asked for, not allowed to be asked for
- have been here since 1980 – have been to lots of conferences – was very proud that KGH was proactive – lately it doesn't seem proactive – used to be proud – we've lost some of our edge not just corporately but in the nursing areas
- I've been here almost 3 years – other places are teaching constantly – how do you keep up skills and reviewing old skills.
- KGH and they… we need to shift the language – part of what we have to shift
- What you are saying is true

Corporate Services Input and Principles - January 20, 2010

11 participants from Patient Records, Decision Support, Information Management, Biomedical Engineering, Laboratory, People Services

LJT "Tell me what the promise of *Outstanding care always* means to you"

- To focus on the patient, they are what we are here for and everything we do is for them and we do the best we can for them
- I come at it as an educator – everything I do relates back to the learner (learner centred) – you shift more to what the experience is and what are the needs and the desired outcomes are – centering everything around the person
- Timely procedures and investigation, available beds, teamwork, respect for the family involved (language barriers) – go the extra step beyond the patient
- Agree and would like to add – think of our various stakeholders like our funders – giving patients care quickly, professionally, respectfully and economically
- The best in every discipline with the resources that we have available
- If not leading edge, that the care is evidence-based and best practice
- If we don't care for each other and colleagues we won't be able to help the people providing the direct care
- We are always mindful of our resources but it doesn't mean that we have to compromise our care
- Like the idea of a promise because it makes us accountable – it is personal

You were asked to think our 5 guiding principles – Transparency, Engagement, Accountability, Respect and Value for money.

What does Transparency mean to you?

- Means openness and honesty and making information available to everyone
- Communication is everything – want everyone to be free and open to communicate
- Shows that everything is out there and this is what we are striving to do. Helps people to get involved. We are all striving to the same goal and working to that promise
- I think it helps in building trust – everyone is on the same level and has the same information. I think trust is important to everything we do with peers and the unions.
- To me it means not being surprised – shouldn't be surprise to the organization. The concept of trust and faith has to be part of that. Has to be an understanding that there is no deliberate attempt to hide and move from the "knowledge is power"
- To me, it is solid to say that transparency is about trust and communication – thought about the second part of the question – how do we demonstrate – to varying degrees we've tried to reach people – in business sometimes use power meetings – quick means of being on top of the communications of the day – scanning of what is what will come from the KGH today
- Collaboration is a key word in this – collaboration – knowing what other departments are up to – e.g., JPO has lots of projects going don't always know all of them – but if it is open and out there those who feel they should get involved can
- Had a conversation with one of the portering staff who has been here 20 years and was really proud – now feels can't talk to people and fears have crept in. If we have a transparent organization will want people to want to share.

What does engagement mean to you?

- Want to share – sense of belonging that the work is valued work and not just busy work. Want to be able to say that can do more. Have environment that can be comfortable in going forward with what your role is in the organization. Sometimes it comes from the reporting relationship
- Engagement – learning – engage stakeholders who are affected and get their input into views of how a project will evolved
- We demonstrate it by getting together and share it together
- Getting the involvement of the front line workers to communicate their thoughts. If that is the case, they need to be able to hear back and it they need to be kept in the loop.
- Acknowledging contribution
- Transferring ownership
- Frontline people who transfer through positions – they never have a name or ownership. In places like PSOE it is a high functioning team and it becomes more than a role or a name
- [LJT] – Creating a culture of responsibility as well – how do we create the culture – have a responsibility to participate and be engaged – how do we get there? Is it something that we should expect?
- Disney concept
- Comes back to the point made earlier that it is all about patients – even if you are far removed from the actual patient what you do affects a lot of people. There is a responsibility and an awareness of the patient. Maybe we can help people to understand that question.
- Example, instill a culture if you have a question that you ask! One of the examples is email for all – how do you then get people to take responsibility for knowing what is going on?
- Knowing who to ask is part of the issue – there are a lot of departments that you don't know their function. Even my department people don't know what to do
- The handiest things is the list of all of the telephone numbers etc that says "not for distribution" – it is the best shared thing secret thing
- It is OK to answer a question – "why do you want to know" – sometimes it is to have the clarity around the question and the context.
- Personally, I want to be challenged – what did you do to make things better at KGH and what did you do to solve problems. It would be good to get people to step up within the confines of our expertise. We seem to have lost sight of that but there are more of us who would say that I am open to the challenge
- What if this gets built into the new employee orientation – importance of the role and how it affects everyone. This could be a place where there is a focus on things – e.g., the Lab is part of patient care. It might help to show that there is a bigger picture
- When you think about orientation – need to think about refreshing the orientation – maybe that will help to refresh the culture change.
- I facilitate new staff orientation – as I get better at it I'm trying to be very purposeful – something very sacred about the "care and well being of a person" – how you choose to own it will influence how you do your job.
- With 3750 employees – it is hard because we have so many people who are embedded in this organization – once we have a common understanding we want to turn the page and we are signing on for the future

What does accountability mean to you?

- understanding what responsibilities are, delivering on them, circle back to acknowledge that you are delivering ad hoc or formally

- I agree with that – for me personally look forward to performance appraisals. I have to be accountable every day because I work in the lab. I've also been involved in teaching in at SLC and the 1st and 3rd years are at different levels. We teach them that they are to be accountable – efficiency and effectiveness is important
- Accountable to be part of a team – the lab doesn't run without a team. Want to be accountable for professionalism, etc. Have worked for almost 30 years – love what I do – we round and present on patients that we work on everyday. It is educational but it is rewarding as well. I tell the students that they are not just a number, they are a patient and a person
- Immediacy of feedback is critical e.g., did a great job on that – really reinforces behavior. There may be opportunities to correct behavior as well on the spot
- it is important that at all levels we are accountable – starts with leaders and modeling behavior
- have to be accountable to colleagues and co workers – go the extra step and be responsible to getting back to answer question
- Sacred place – easy to lose sight of the lives that are affected. Those closer to the patient can see that. Those of us more disconnected get the media messages (deficit) rather than this # of patients came to and left our organization feeling better
- Transparency and accountability go hand and hand – should have the confidence to respectfully approach something. [LJT comment] You feel that it is your job to figure things out. If you walk around and see garbage on the floor and not pick things up- everyone has a responsibility and a role to make things better – joint accountability
- this is not rocket science – should be able to expect that from each other and our selves
- we own the street here and we take care of it
- when you are introduced to your role it is an expectation
- putting our names where you can actually see them (not at the waist)

What does respect mean to you

- Treating others as you would like to be treated. Pass someone in the hall, help out with directions – show a little respect
- There is system part of respect – there are places where there is very strong identification with their group. When you invite a physician to a meeting that there is an expectation that they come. From an education perspective trying to include them in our team. Sometimes get the sense that there are touchable groups and untouchable groups. The second part of BE Real is for the group
- In terms of culture that the organization is flat. That everyone can feel engaged and respect. Thank you for this session – it is a demonstration of respect. To think every now and then about individuals – to think about how individuals might be impacted. Is there any opportunity to engage before broader messaging? To me that demonstrates respect.
- I like the respect concept – the thank yous and the courtesy of the hellos –respect of other peoples time – maybe we need to acknowledge it more – it might help with others.
- Thank you goes a long way – [LJT comment] but we don't need to wait for this. Beyond the big things we can do this now – I challenge you to just do it
- Can't look to the hospital to do that – as we build a culture as everyone starts to demonstrate and pay it forward
- Heard from a new members of ODL that people don't make eye contact, they don't smile and they don't say good bye at the end of a phone call. What I want to work on is how to own changing that.
- Fish video – went out to every big team – made up little paper fish – choose your attitude have fun today.
- People think if you are cheerful and optimistic that you are kind of dumb…

- [LJT comment] Performance appraisals will become mandatory – it is all tied to the things that have clarity of roles, accountabilities, etc. Shannon is responsible for building the whole leadership framework. At the EMC level are launching the 360 process. We are building the tools and examples – individual learning plan, competencies, review. Have to remove some of the barriers – will set targets for the percentage of people will have had their reviews. In the meantime will do some of the informal side and will do the EMC reviews.

What does value for money mean to you?

- not being afraid to ask why do I do it this way and not being afraid to change – is what I am doing high value, high impact
- duplication of duties and task and reducing waste – in patient records we are constantly printing things
- Challenging what we are spending – value add and metrics and measurement – we don't do that enough – we need to look at that for new initiatives – is it true value.
- Understanding the cost of things – patient care providers don't always understand the cost of things
- Agree with what everyone has said – right thing, right time and right order
- Implications of hidden costs – knowing what the costs are and understanding them
- Getting the best possible results for the money spent – it is results oriented – evaluating inputs and outcomes
- Working through a number of indicators right now – it is really important to have our 20K patient admissions but how do we know if the care we are providing is any good – at the end of the day we need to shift from the "I'm so busy" – we have to look at how we get the best results without necessarily adding more inputs. We need think about change rather than stacking more resources on top
- It is a simple thing in the lab – how do you justify spending $30K – the state of the art machine might make it better – we design the inputs to protect the people – it is an important part but that isn't why we are here – need to create the culture to get the best possible improvements
- Process excellence framework would be great to instill and show how to get the best outcome
- When I think about our costs it is people – I think did I provide my full value today – was it valuable work that I contributed to today.
- If you innovate to the point that you could be useful but not for that anymore – knowing that the organization will help you to find meaningful work. I don't know if many people feel that…

What is missing in our guiding principles…

- Pride of ownership
- Needs to become a filter for everything you do.

Union leadership – OPSEU and CUPE, January 21, 2010

Promise

- Until I read the email with the questions I wasn't aware that this was happening. It is a challenge to provide input because it feels like we are working in silos. How detailed do you want us to be – is this nebulous?
- I am more interested in the focused action plans. LJT we can't get there until have a strong foundation and understand our strengths, weaknesses, aspirations, results. We need to decide what we want do be and how we declare it
- LJT We have statements but aren't living those statements. Once we have input in fleshing out the strategic framework then you move into the planning. We have to have a baseline/a spring board.
- This is really helpful because it provides the framework on what the input is for.
- LJT – your point on communications is very well taken. We are moving to a new face on the intranet. It will be a step forward and will look forward to input on it as we move forward. It will be a KGH Today in a daily newspaper format with more information and easier navigation. What we are working on and where we are going with things.
- LJT Given that there is so much going on I am conscious of creating a big fanfare that it seems hollow – want it to be seen as some of the normal work that we do. There will be some comments of how can you talk about the future – really want to create the right tone.
    - How do we get people excited about this – always get people who say what is in it for me – want to get their feedback.
- LJT I am now going out – had to continue to scope what we are doing. People were starting to get excited. We need the ideas that you have that can help to get people excited given the realities – want people to have meaningful input in shaping where the organization
- there is still a lot of history in this organization of expressing opinions and nothing being done. It is fatiguing – along with the stresses of the patient acuity and keeping up, people feel why bother.

LJT – this is something want to break away from. As a new leadership we are moving away from this – I think we are making progress and would welcome your opinion.

- One barrier that I still see (seen for 20 years) the big issue is physicians engagement. Getting them to the table, when they come to the table they aren't there to work. If there is anything to break down the barriers. I see things changing with Dr. Zelt in the position (agreement). Still a barrier. When we talk about outstanding care –we can only get that with physicians.

Promise – What does it mean to you?

- To me it means that anyone who comes through the door no matter what time of day, what day, they receive the same level of care and the same respect. That is what popped into my head – as staff we struggle with that because of the peaks and valleys of workload.
- I do infectious diseases and I see that the care for the patients in isolation suffers and some of that is because it seems wasteful to do the fully gowned just to say hello.
- It is quite a question – it is what you want to have at the end of the process. In support services such as maintenance and environmental services there are obstacles are in our way. Need to have everyone here who want to accomplish outstanding care but not sure how to get there. It is what people expect to get and we hope to give that to them. It is difficult with the obstacles – not sure we can guarantee that until we overcome these obstacles. Don't know if it is humanly possible.

LJT Do you think we should aspire to Outstanding Care?

- Absolutely – that is what we will try to accomplish no matter what. We have all been here so long it will be at our own demise if we don't do it. A lot of our staff are at the end of their careers and are less resilient – we have worked through so many challenges in the course of our careers that we aren't as resilient. The new administration is making huge steps to try to achieve the goal. Our people are worried about the compromises that have to be made to get there. Through the Lean Program trying we are trying to do things more efficiently. Hear people say I'll be glad when I can retire as I'm just not optimist. People are worried about having jobs – looking at next round being tougher. I am looking at having a job and being a contributing member. I think my employer values me but I don't think I'll be here. We are going to have fewer numbers
- I've said to [COO] with respect to attrition and leaving that I am not sure who the lucky ones are – the one who retires or me because I have a job
- LJT – hear from you and the nurses that you are worried that you can't be delivering on Outstanding Care
- [LJT] The idea of a promise – making things personal and helping people to be connected to it. It becomes the basis of everything that we do. Address the issues that are in the gap which becomes the plan. Absolutely convinced we shouldn't be packing our tent – people need to see good progress on what we are trying to do.
- I understand what you are saving – my daughter and her boyfriend are CUPE in the kitchen and they are willing to stay here and work hard. Yesterday I had a patient in radiology – he gets my ultimate care always – brought him out to his family to the Cancer clinic – got good care and direction to where things are. I do outstanding care and it feels good.
- This isn't new – we are just refocusing on it. We are all aspiring as individuals but it goes to my point around the marketing of the new KGH – it is very insulting to those who have been here a long time.[LJT – we have had that feedback. We've downplayed it now but we needed to use it to show that we are moving forward and I want people to know that we are moving forward.]
- We are downplaying the new KGH. This promise will put the patient front and centre and if we can capture the fact that that is what we really want.

As individuals we want to promote KGH as an institution that is new. LJT that is part of any strategy out declare it

You were asked to think our 5 guiding principles – Transparency, Engagement, Accountability, Respect and Value for money.

What does Transparency mean to you?

- I think the transparency that I have seen lately is financial numbers – supportive information. I've been at budget meetings and some of the metrics are completely foreign. Transparent information to allow us to accept the changes and be more resilient.
- Sometimes changes are made on the physician side that are not transparent – LJT – some of that is communication. We will find ways to more effectively communicate
- Open communication between the workers and everyone. If there is open communication the relationship is a better one. I can't comment from a hands on perspective – think we are working towards it.
- LJT – hard to get the scoping – sometimes matching the expectations of what people know
- When people want guidance and communication and need information from their manager – I am sure there is a sincere belief that the questions need to be answered but if the timing is compromised it can be a problem

What does engagement mean to you?

- I don't' think HR is engaged with us yet. They are not involved in processes with us. There is no communication. Lack of acknowledgement that they have seen communication from us. Seems to have fallen by the wayside.
- [LJT] What would it look like if engagement was working well? The issues that need to be taken care of are important to our members. The grievances are growing and not being taken care of. When questions aren't being answered in a timely manner it leads to grievances. When we don't get problem solving it drags out and costs money and it is frustrating.
- Labour management meetings would help make things work better.

Value for Money

- EMAILs – value for money in how we use email – guidance from what are you expected to digest and what you are expected to do with it – institutional strategy for email communication would be very helpful

What does accountability mean to you?

- I think I know what it means to me. For who you are in your job and what you should be doing on a daily basis. We have no accountability – people seem to be able to do what they want – there is no one watching
- LJT sometimes we need to make it really clear what roles are and what you as an individual do
- How do you make people accountable?
- You set up the system so people can be accountable – the organization makes people be accountable for what they can't be accountable for – example the managers are accountable for large drug costs – they can't be accountable - example of the wastage of an expensive drug. There are definitely situations where accountability is expected and the system is not set up for that. Even the accountability for outstanding care – difficult to do that on a Friday night because of staffing.
- There are accountabilities where people should do things and do not. As a worker, what am I accountable for. All things can be compromised by workload issues. Most people wan to be accountable.
- LJT – a few comments on the workload – part of the challenge in order to achieve value for money – have to look at building the new ways of doing things. In order to be strong for the future we have to find new ways of doing work and not pile things on.
- What do we stop doing? We need to focus on what we are doing. It is tough to make choices but we need to do more about it
- Full time positions eliminated and part timers added – seeing it as worse to the members – people don't see the benefit – in order to have people buy into the transition have to communicate that are making things better and making the organization better. The optics are different and it can create some issues.

What does value for money mean to you?

Asking people what is missing in the guiding principles – intention is to be serious about them. Role as a tertiary academic hospital

Final question – with the desire to engage as many people – any advice. Are there other natural meetings that happen -?

Promise and Principles D4 ICU - February 2, 2010

Attendees: 7 Frontline Clinical staff and manager

{LJT is a comment or question from Leslee Thompson}

"Outstanding care, always" when you hear the promise – what does it mean to you?

One nurse told this story about outstanding care in the face of adversity…

> "They had a leak and they did well
>
> They took the elevators away and they did well
>
> Then they took the tube system away and threw in a little norovirus and scabies and still they did well.
>
> Then they took away the phones and we almost lost they minds"

The Promise…

- Question to LJT: Is that financially based – or is it based on outcomes and what patients and families think. Patients and families have a lot of expectations of us. There are too few of us. Spread all over (Social worker). – trying to address patients and families problems and issues with communications.
- We are spread so thin we aren't doing quality care – we care just getting by. Always seems it is dollars and sense
- Very busy unit – probably only have 15 minutes to communicate issues to social work [comment from charge nurse] – every patient's concerns are important – it is the crisis issues at the time and then they get passed along to other units when patients move.
- [LJT Comment} You touched on it – the outcomes are important – our benchmarking to other hospitals are important - when you see that we fall short it is disturbing
- [LJT] Wt do you think about the idea of a promise? [Staff comment] if there is no promise you probably won't engage people. I don't think any of us feel we are achieving outstanding care always and if there is no promise I don't think we can engage people.
- I know that some day the craziness will go away.
- I've been here for 20 years – the first things that come to mind is myself – you have to care for yourself and feel good about what you are doing. When you come to work everyday your mind is going non stop – I don't think I can provide that I want to give – I'm just triaging the needs of the patients. We have to choose and retrain your mind
- I don't think the promise means that we need to go back to the way it was – it wasn't always perfect
- I'd like to be proud to work here and in the community we aren't hearing very good things about KGH [LJT comment] My theory is that is the staff are helping with that – "so what do we do to correct that"
- People aren't proud of KGH– I personally love my job here and get a lot of satisfaction from my job but the poor morale makes it not be a nice place.
- . Each of us have the responsibility for complementing, sensitivity, respect, trust – from the bottom up Frontline need to be given some opportunities to participate positively

You were asked to think our 5 guiding principles –Transparency, Engagement, Accountability, Respect, Value for money

What does Transparency mean to you?

- A whole lot of moments and initiatives coming to pass and I don't know who made that decision – there isn't a lot of transparency
- It is a hard one because we can't all be involved in every decision – it means that I know where the decision is coming from so it doesn't just appear some day. I need to understand the rationale and how we got there. It isn't out of the realm for me as a professional to ask for the rationale of a decision.
- The communication of not knowing – now everything is communicated as "ministry guidelines..."
- Maybe we need more communication
- We tried a Unit based Council but we were so busy that we had a hard time getting to the sessions
- [LJT comment] Have you checked out the new intranet? Nods
- It is one step to try and get at the communication and get a feel for the "life of" – profiling what people are doing and building the pride and knowledge. We also need communication of where decisions are made and understanding why they are being made
- [LJT] In my first 100 days people said we weren't transparent.

Accountability…

- I think it starts with knowing what your role is to begin with. If that is your role it should be transparent – what others can depend on me to do for her and her patients. That to me is the transparency. Then I need to be accountable for that role – if I am to provide a service that service is what I am supposed to do. If I can't do it I need to work with my managers to communicate that
- Needs to be a clear process of where we go when there are issues/ problems
- One of my pet peeves is people saying "I wasn't here that day" – we aren't blaming but we need to move forward – not saying they are responsible when they weren't here but want them to step up to take issue forward
- Everyone involved in patient care – housekeeping, etc is accountable for their piece of the puzzle
- It affects everything
- It seems that everytime we move forward there is step back e.g., the tube system – now the porters are not happy

Engagement means…

- I don't feel really engaged with all those people up there…[LJT comment] what does that mean ? [staff member] I've worked here for 25 years I've always been approached for my input. In this organization there is a disconnect and I don't feel engaged. It is all connected to respect and accountability. Do I come in and have coffee with you in the morning? There is something missing
- The atmosphere isn't there to promote it [engagement]. For example the wellness centre – is it here anymore – if there was a lounge/common area. Maybe Dr. Zelt could have coffee with us.
- [LJT] Are there other responsibilities that go with engagement?
- I see engagement not as what you do for me but as what I do for my job. It is my job to engage in that role to the best of my ability. There is a professional and personal responsibility. If we all engaged in our role we would be more cohesive. Some of it is because there isn't the environment. People are tired and they don't feel that they are doing their jobs – it makes want people not want to engage
- On a weekend a nurse came in the backroom in tears. She said "I am stressed, I am angry with my patients and my staff and I don't like where I am"
- There is no where to go to clear your mind – it is not relaxing
- I try to engage with people – all the doctors, all the residents – try to engage as a team. I am here and here for you and we're all here for the patients.

- Cohesive
- People being friendly with one another and acknowledging each other
- Positive energy
- Enthusiasm
- weekends are the best time to work – our unit has so many services – on the w/e there are fewer people and there aren't as many people asking questions
- I do find that people are really friendly and supportive of one another – even with the changes with ICU

What does respect mean to you?

- You treat people as you would want to be treated!
- I don't think people realize or have that view.
- Respecting each person's role is a big thing.
- I think it is something that is difficult to change – either a person is respectful or they are not.
- I respect nurses' knowledge and almost wish I had a nursing degree – "we have dr. google"
- I even ask for respect from Drs. Sometimes nurses are afraid to address it when they are being treated in a disrespectful manner. It is very hard but it is at the heart of the Be Real program (in terms of making be real, real)
- Ask me for ideas – I want to be asked for ideas
- I think respect includes a certain amount of trust as well. Emerg has to be able to trust D4ICU that a bed is ready – they don't see our pressures and we don't see their pressures – it is drawn from the fact that there is no trust. Rather than asking the question there is a tendency to react with anger rather than respect. No one believes anyone here.
- I've floated and that helps to understand the other areas
- Even when you walk on to a unit – you can't see how busy people are – can't know what people are juggling beyond the glass walls. Right now we assume that the other side is slacking off rather than understanding that they are having a hard time. We tend to make the assumption that people aren't working Example, The porters weren't answering and then we found out that there were only 3 porters for the whole hospital
- We all have a responsibility to be role models – to show respect, not engage in negativity and to be truthful.
- One person can turn an entire floor from good to bad overnight – how do we change that?
- I don't know how you get that with people you don't know so well – have to create a relationship – I don't know how to deal with the person that is always having a bad day

What does value for money mean to you?

- Good bang for your buck
- outcomes
- Pay for what you get
- Not being wasteful and being productive
- Us all doing our jobs
- Personally I am always being productive and I think time is money
- LJT – taking a hard look at what resources we have and getting at what value we have and get at the things that help use make use of those resources
- Does that link to the promise of outstanding care always? – I think it is important but I think the word care trips up nurses – care is sometimes that intangible…it is the little extra piece I do believe that it needs to be outcome based – I want the extra special. It is subjective.
- "Just morph me don't delete me' – I want the extra special because it makes me want to work here.

- Never going to please 100% - like to believe that we are carrying to everyone
- Time is money – 10 different people telling you the exact same thing – it is an amazing change for me to have the APN role – I only have one person telling me things – amazing change.

LJT – want to try to understand from your perspectives the feedback of being very busy, need more resources… the however is that benchmarked against our peers, our costs are higher than others – haven't even hit where a lot of places are at. Yet there is such a pervasive feeling of we are so short and so understaffed – there is so much underneath that needs to get fixed without putting more on top. More staff is not our reality – how do we drive different ways of doing things…I really struggle with how do we break through that and get people involved in designing solutions. It feels like it because there are a lot of other things. We have to earn our way with the Ministry and the LHIN. Part of my challenge is how to shape the perspective of that reality – how do we get smarter – never been in a place that is so negative and silo'd.

- When you talk about it – there is so much more that I can do – but my hands are tied. If I were to have a suggestion it seems like it is so many committees, etc. to get my idea heard – it is why bother.
- There is this sense of why bother
- To get the support from your peers – everyone is gung ho but it is only you doing it
- I was talking to some peers – went through the nursing shortage in the 80s – is it because we are older or is it different now?
- [LJT comment] we are spending more money per capita, etc. and it doesn't feel like that. We need to ignite the spirit – has to be from the people... "Jump in and give it a go..."
- You have evidence that we are behind our peers – that is what led to the supervisor – there are many examples and now teams are working with these data (e.g., LOS) - e.g., with a stroke patient 6 days and we have 10 days – why?. We are spending too much on the core and aren't fixing and investing in the organization. People truly believe that we are so hard done by – but we are lucky – range of services, breadth and scope of services
- Leslee, we went through a significant number of years where that was what we heard – my perception – I bought into how hard done by we were
- [LJT] No blame here – more of a state that we are in – how do we get people to say we are going to own our future
- What needs to happen – it is the corny stuff – how do you get every individual doing it?
- If we don't get our place energized and excited and being proud no one else is going to invest in our future. It feeds ourselves
- [LJT] I can't find anyone here who says they trust anyone. How do we build the organization so that we can have the responsibility?
- [Manager] Since you have come here I do feel that there is more transparency but I find it hard to keep up – can't get it out fast enough. There is so much but I honestly can't get it out fast enough. We frontline managers have a really tough job in synthesizing
- [LJT] have you seen the Intranet – we are trying to be more engaging and trying to bring the story
- Need to trace a patient through their stay
- I find it refreshing to hear the "by all means" share this with your staff now at Leaders' forum
- I think the numbers are important for people – I feel that very strongly – if you don't give them the numbers they won't understand.
- The people I most respect are the people who can take my problem and make it patient related – if we can turn it around for the patient – the people who can do that – the decisions are easier

- The patient centered piece makes decisions easier – different perspective
- We need to "walk a mile in my shoes". Not sure we have a culture of that here
- [LJT] One of the reasons for trying to articulate what I heard in the first 100 days is …research is evidence to support outstanding care always education is about best practice…
- To me the difference between care and outstanding care is the patient experience – they remember how yum made them feel
- I always see us engaging but not the medical staff – we are doing a lot of things with the medical staff. We sometimes have to find different ways to engage them and bring them along. To bring them into the team – will keep trying to find ways to get to the medical team and have the same kinds of discussions and playing back to them and others. Gradually building them up
- The ICPM won't change the world over night – decades of tradition – we are getting there.
- They [physicians] are a challenge. Every teaching hospital is like that.
- We try to develop professional relationships with the attendings – we have the responsibility to interact – starts to build the mutual understanding and respect.
- Are the CTUS (clinical teaching units) more efficient? IMU-E the objective is temporary – have work to do to get people in the right beds – not growing the volumes
- Timely discharges
- What becomes normal get embedded – where are the processes to solve the problems

LJT – I challenge you to:

- Smile
- When things are going well – label it
- Share your experience of what you think to help contribute to this change because I need your help and your colleagues need your help.
- Step up to the challenge of helping to shape the future of KGH because it is your place…step in the circle
- Our job is to support you to do your job to support patients…