

fiscal 2015-2016 **Q2**  
2nd quarter ended September 30, 2015

# KGH **this** **quarter**



Kingston  
General  
Hospital

*Outstanding care, always*



## CEO Update

Welcome to *KGH This Quarter*, our quarterly public report on progress against our annual corporate plan and our strategy for achieving Outstanding Care, Always. Our second quarter ended September 30, 2015 and I'm pleased to report that 74 per cent of our annual corporate plan performance targets and 67 per cent of our Quality Improvement Plan targets are on track. This represents a significant improvement from our Q1 performance and positions us well to meet the targets we committed to achieving this year.

Our results are impressive given the challenges we have faced in the first six months of this fiscal year. In spite of the fact that we continue to have too many patients waiting in our hospital to receive care in a more appropriate setting, and increased numbers of patients visiting our emergency department who require admission, our patient flow processes are working well. Last year at this time, KGH was in a near constant state of Gridlock. I am enormously impressed with our staff who put a huge focus on our Get out of Gridlock initiative, or 'GooG' as we call it, which saw us transform a number of processes from how efficiently we discharge patients from the hospital to how quickly rooms are cleaned and ready for the next patient. As a result, our emergency department wait time for admitted patients is 'green' for the first time ever. This means patients are getting access to beds in a reasonably timely and efficient fashion thanks to the diligence and hard work of teams across the organization.

Q2 is a time when we conduct in-depth review of our performance to ensure our efforts and channeled in the right direction to improve performance, and when we start to look at our plans for the year ahead. Teams are already busy preparing budgets for the next fiscal year, which is never an easy task with the Province holding the line on new funding for hospitals. However, thanks to the hard work and innovative thinking from people in all areas of the hospital, we will achieve a balanced budget while sustaining our capacity to invest in the technology, equipment and infrastructure we need to deliver Outstanding Care, Always. One way this is made easier is through the generosity of our community. This quarter, our University Hospitals Kingston Foundation launched its 'Extraordinary People. Innovative Health Care' campaign, which has already raised \$33.5 million towards a \$65 million goal with the help of generous donors who support innovation in health care.

Our Q2 performance results are reported more fully in this document. I encourage you to read *KGH This Quarter* and send us any questions or comments you have to [kghsmc@kgh.kari.net](mailto:kghsmc@kgh.kari.net). For more detailed information, you can access the *KGH Strategy Performance Report* on our website where you can see how each of the indicators has trended over the past five quarters and what actions are being taken to improve performance. Thanks for your interest in KGH. Stay tuned, we're on the move!

Sincerely,

Leslee Thompson  
President and Chief Executive Officer

In this document, we report the status of our performance as either green, yellow or red. Here is what the colours mean:

Status	Meaning
Green	On target
Yellow	Approaching target. Requires attention
Red	At risk. Focused review and action planning underway



To read more about strategy and performance at KGH, visit us online at [www.kgh.on.ca](http://www.kgh.on.ca)

## Transforming the patient experience through a relentless focus on quality, safety and service



### Engaging patients

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

This year, we are continuing to transform the patient and family experience through innovative and collaborative approaches to care, knowledge and leadership. In so doing, we are aiming to increase our overall patient satisfaction score from 95 to 97 per cent. To help us achieve this, we will train an additional 1,500 staff, learners and volunteers in the *Communicate with H.E.A.R.T.* training program that

aims to improve how we communicate with our patients, their families, and each other. Created by the Cleveland Clinic and customized to reflect the unique culture and values of KGH, it is a health-care focused service model that empowers people to address and respond to questions and concerns in such a way that each person feels he or she was truly heard. The H.E.A.R.T. program helps everyone understand the nine service behaviours that support positive and productive interactions and it is providing all hospital staff, volunteers and physicians with the practical knowledge to help them address patient concerns and communicate with patients, families and co-workers with empathy.

As of Q2, over 1,100 staff, learners and volunteers have completed this training since we began the program. Following up on feedback from staff who took the course last fiscal year, we have shortened the in-class training and added an e-learning module that provides the same learning with improved accessibility for participants and will be launching this new hybrid model next quarter. We are also creating a physician version of the program to ensure that all members of our care teams are equipped with the same knowledge and tools.





### Eliminating all preventable harm

People expect to feel safe and be free of harm during their stay at KGH. Given the complexity of the care and service we provide 24-hours-a-day, seven-days-a-week, adverse events can and do occur. This year, we are aiming to further reduce the incidence of hospital-acquired infections, unnecessary deaths in hospital, specimen collection errors, medication events, falls and skin ulcers.

In Q2, we saw a slight increase in the number of patients acquiring *C. difficile* in our hospital with 15 patients acquiring the infection; an increase of five from the previous quarter. We are continuing to focus on enhanced cleaning, surveillance on units and prompt initiation of contact precautions for any incident that could potentially lead to the spread of infection. Infection Prevention and Control now does daily visits to units around the hospital and the Emergency department to ensure that best practices for eliminating *C. difficile* are followed. They are also working to increase awareness of the CDI order set, a process of quickly testing suspected cases. We are working with our microbiology laboratory to generate daily reports on specimen results, allowing us to intervene in potential cases of infection sooner. The end of Q2 marked 40 months without a *C. difficile* outbreak at KGH.

The single best way to prevent the spread of infection in a health-care setting is for care providers, families and visitors to wash their hands. To help understand how we are doing with hand hygiene compliance, we monitor how many times before and after patient contact care providers wash their hands. This quarter, we saw an increase in our hand hygiene compliance, finishing the quarter with an 88 per cent compliance rate. To help continue this positive momentum, the hand hygiene working group is rolling out new measures including a new resource tool, just-in-time intervention training and a revised learning module on hand hygiene that will be mandatory for all KGH staff.

To track the number of unnecessary deaths in hospital, we measure in-hospital mortality within five days of major surgery and the Hospital Standardized Mortality Ratio (HSMR), which is an overall quality indicator used by acute care hospitals in Canada. This data is measured by the Canadian Institute for Health Information (CIHI) and they have recently readjusted how this baseline is calculated. Hospital specific HSMR's are now benchmarked against a national HSMR, which provides more meaningful insight into how individual hospitals are performing. We have received our most recent HSMR data and it suggests that we are significantly higher than the national number. However, it is important to note that this data includes palliative care deaths, which makes calculation of a true HSMR number difficult as palliative care deaths are expected. This quarter we undertook a thorough chart review and found that the completeness and accuracy of our diagnosis and diagnosis type coding and abstraction is not consistent with the approach at our peer hospitals. Consequently, our numbers appear higher than they actually are. We are working with physicians and other providers to improve the quality and accuracy of charting.

As always, we continue to conduct regular multidisciplinary reviews of in-hospital mortality in all KGH clinical departments so that we can understand the causes of deaths that occur in our hospital. Where those deaths are unexpected, we use mortality reviews to identify opportunities for improvement. In review of these deaths, no concerns or trends have been reported to the Medical Advisory Committee's Joint Quality and Utilization Improvement Committee.

Medication safety is an important factor in eliminating all preventable harm to patients. This year, we are aiming to ensure all patients receive a best possible medication history (BPMH) when they are admitted and to reduce medication errors. In Q2, 78 per cent of patients had a BPMH taken upon their admission. Having a BPMH helps to inform care plans for patients and ensure safe, effective prescription of medications. One way that we are continuing to work on this target is by raising awareness of this process to staff. In Q2 presentations on the process of medication reconciliation were delivered to surgical residents and this process continues to be embedded into admission order sets.



In Q2 there were 14 incidents associated with morphine and hydromorphone, which is two away from our target of 12. Two of the incidents in Q2 were related to transcription errors, which are a focus of the Medication Safety Committee for next quarter. This committee will also be looking at options to reduce or eliminate dual prescriptions, minimizing opportunities for potential medication duplications or errors. Nursing education on proper administration of morphine and hydromorphone drugs continues and there is a hydromorphone alert built into our Automatic Drug Dispensing Cabinets. These cabinets improve efficiency, enable access to a wide variety of drugs at a moment's notice and control the administration of drugs to prevent incorrect or unnecessary drug use.

Falls are one of the top three sources of preventable harm to patients at KGH. We measure the level of moderate and severe patient falls that occur within our hospital walls against a target of zero. In Q2 there was one patient fall labelled as a moderate to severe fall. This is an improvement in comparison to the four falls from last quarter. Work is underway to improve the consistency with which falls risk assessments, mobility plans and risk reduction strategies are completed for all patients at KGH in order to reduce the chances for falls to occur.

Sometimes, when a patient has been immobilized for a lengthy period of time, they run the risk of developing skin ulcers, which can quickly develop into more complicated health issues. This year, we are working to reduce the number of patients who experience skin ulcers by 25 per cent on three units that have the highest prevalence of these incidents – Kidd 2, Kidd 6, and Connell 10. In Q2 we received data on how many patients arrived with pre-existing ulcers and using this information we were able to measure if our actions to reduce this number were working. As of Q2 we are meeting our targets for reduction in skin ulcer prevalence on two of the three units.

To continue this positive progress we are rolling out an online learning module for nurses and providing them with a full day of education on skin ulcer prevention. Staff members who are 'skin champions' will be active advocates amongst their peers on proper skin care for patients.

When a specimen is taken from a patient for testing there is an expectation that it will be tested quickly and accurately to support their diagnosis and treatment. However, sometimes these samples are collected or stored improperly, or are mislabelled or mismatched. In Q2 we reached a milestone with having only 50 mislabelled specimens occur. This is a dramatic improvement from previous years which saw numbers in the hundreds. This quarter we rolled out targeted education on proper labelling practices to units that had higher mislabelled incidents occur. Next quarter we will be introducing new technology in the laboratory that will help improve the efficiency and accuracy of specimen testing.

The Surgical Safety Checklist was put in place to improve safety before, during and after any surgical procedure. We monitor its use to make sure that all three phases of the checklist are being completed for every surgery that takes place in our hospital. As of Q2, the checklist was performed for 99 per cent of surgeries in our hospital against our target of 100 per cent. There was only one emergency case that did not complete the checklist which influenced this target. Our current focus is on sustaining our high performance with this indicator and expanding the Surgical Safety Checklist to other procedural areas of the hospital where there is opportunity to improve patient safety.



## Eliminating all preventable delays

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

Last year we put a tremendous focus on improving patient flow throughout KGH. Known as operation 'Get out of Gridlock' (GOOG), this work focused on how we can move patients more efficiently through the hospital and free up bed space so that new patients can be admitted. As part of this initiative, leaders and staff from across the organization hold daily huddles to review data from the previous day and make plans together for potential discharges and patient moves for the following day. These huddles provide opportunities for teams to work together to share best practices and lessons learned. Teams are encouraged to study barriers to patient flow objectively and to come up with solutions they are then all accountable to implement. This environment has allowed for open conversations, clear understanding of roles and responsibilities and the creation of a well-defined process for how we can work together when patient flow issues arise. This approach is now becoming part of our KGH culture and process.

Today, when we experience surges in clinical activity we are able to work together in a quick and smooth manner. In Q2 we saw a significant improvement in the amount of time that patients wait to be admitted to our ED. In fact, 2,550 of 2,802 patients were admitted within 27.5 hours, which is below our target of 29 hours, which is even more significant in light of increasing numbers of patients who require care at our hospital. This success is a reflection of the hard work and collaboration of teams across KGH.



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

When a patient who does not require acute care occupies a bed in our hospital while they wait to be transferred to a more appropriate setting, such as a long-term care home, the patient is designated alternate level of care (ALC). In Q2, we saw an average of more than 55 ALC patients per day. Along with our regional partners, we have a committed focus and several initiatives are in place to reduce this number. We have mobilized a regional team of our partners and two Patient Experience Advisors to help develop a long-term solution so that patients in our region receive the right care, in the right place at the right time.

Part of their work involves aligning our regional hospitals' discharge policies so patients experience the same consistent process at any hospital they visit. We have revised our current process for designating a patient as ALC to introduce a new way of assessing patients and helping them make important decisions about their options for long-term care. We have also assigned a registered nurse to be the main point of contact for all ALC patients at KGH.

In Q1 and Q2 a regional Patient Flow group visited hospitals in our region to see what best practices and opportunities are in place for helping to manage ALC numbers. We expect to receive this report next quarter and will create an action plan for recommendations that we can implement at KGH.

KGH 2016 Outcome	2015/16 Improvement Priorities	2015/16 Targets	Status
Patients are engaged in all aspects of our quality, safety and service improvement initiatives	Partner with patients to improve communication issues identified in patient surveys and feedback	Inpatients who respond good, very good, and excellent to "overall how would you rate the care you received at the hospital" increases from 94 to 97 per cent	N/A
All preventable harm to patients is eliminated	Reduce the incidence of hospital acquired infections and unnecessary deaths in hospital	C-Difficile rate is reduced from .34 to .24	Red
		Hand hygiene compliance rate improves from 85 to 95 per cent	Yellow
		Hospital standardized mortality ratio is at the standard rate of 100 and/or deemed "not significant"	N/A
	Reduce the incidence of specimen collection errors, medication events, falls and skin ulcers	Every patient receives medication reconciliation at admission	Red
		Level 3 and 4 patient falls are reduced from an average of 3 to 1 per quarter	Green
		The number of incidents associated with morphine and hydromorphone are reduced to 12 per quarter	Green
		Reduce specimen collection and labeling errors from 76 to 45 per quarter	Yellow
		All three phases of the Surgical Safety Checklist are performed for all surgeries	Green
Twenty-five per cent fewer patients experience skin ulcers on Kidd 6, Connell 10 and our Kidd 2 ICU	Yellow		
All preventable delays in the patient journey to, within and from KGH are eliminated	Reduce wait times, length of stay, avoidable admissions and the number of patients waiting in our hospital for alternate levels of care	ED wait time for admitted patients improves from 31.6 to 29 hours	Green
		Percent of ALC days improves from 14.8 to 10	Red
	Clinical services meeting wait time targets reach 90 per cent	Red	
Manage occupancy rates to optimize patient safety, flow and quality	Overall medical/surgical occupancy rate improves from 102 to 95 percent	Yellow	

Bed occupancy is an important efficiency indicator for hospitals. KGH is targeting 95 per cent occupancy, which allows for appropriate staffing and capacity to respond to potential surges in clinical activity. This also helps support timely access to KGH beds so we can meet the acute care needs of the region. Managing our occupancy rate is an important part of optimizing patient safety, flow and quality. This quarter we saw an increase of our medical/surgical occupancy rate to 96 per cent. Recognizing the importance of timely access to KGH's beds and to meet acute care needs of our region, improving bed occupancy is a focus of the 'Get out of Gridlock' work that is underway.

As of Q2, 78 per cent of our clinical services met wait time targets for priority four wait times against our target of 100 per cent. When a patient and surgeon decide to proceed with surgery, a priority score is assigned based on standard criteria for when that patient's surgery should take place. When a patient is assigned a priority four, they are considered the least critical for getting into surgery and are given a surgery spot that balances their need with those of the more critically assigned patients. Education is underway to ensure consistency in how priority scores are assigned across departments and physicians, and routine monitoring of patients with extended waits is taking

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



## Bringing to life new models of interprofessional care and education



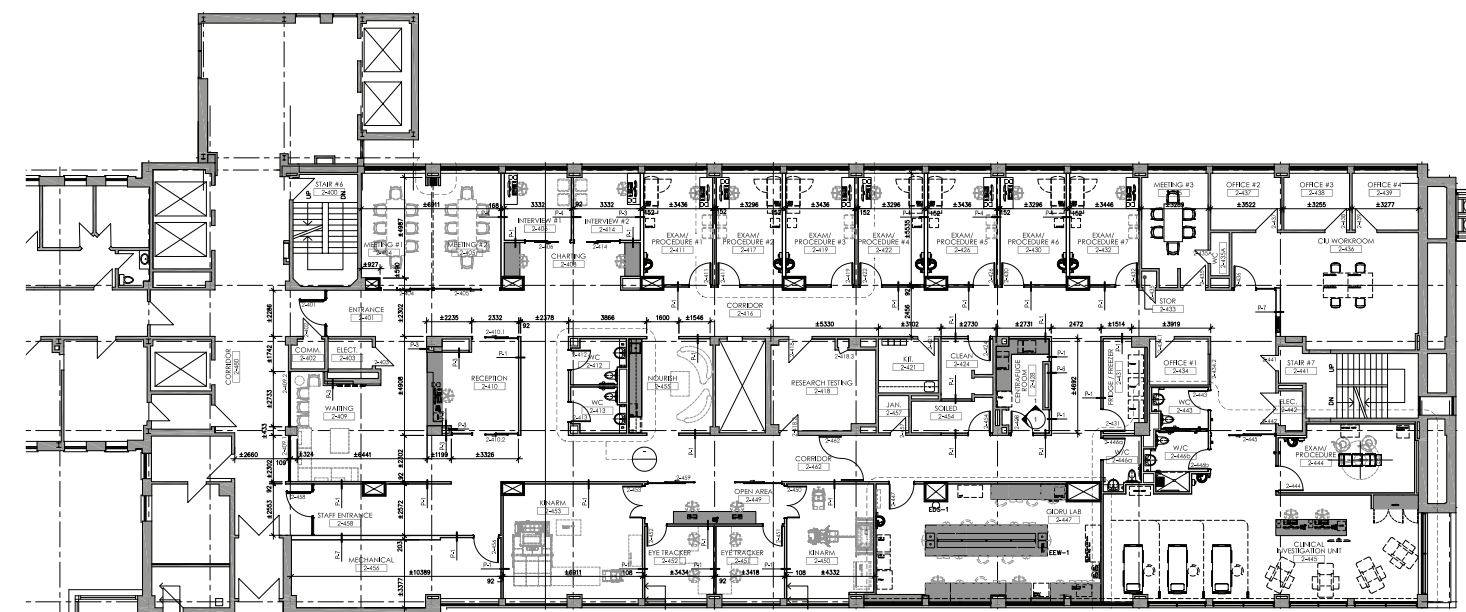
### Building on our interprofessional collaborative practice model

KGH is on a journey to partner with patients in everything we do. This is the foundation of our Interprofessional Collaborative Practice Model (ICPM), which features teams of health-care professionals working together to deliver patient- and family-centred care. This year, we are continuing to work on increasing the adoption of our five patient- and family-centred care standards in every clinical area of the hospital to support everyone who works, learns and volunteers at KGH to use these approaches consistently. These standards include patient-led feedback forums where recently discharged patients come back to share their stories about what went well and where we could have improved their experience; ID badges worn at chest level so names can be easily seen and read; patient communication whiteboards completed at every shift change to improve communication

KGH 2016 Outcome	2015/16 Improvement Priorities	2015/16 Targets	Status
Our interprofessional collaborative practice model is implemented in every clinical area with high ratings from patients, staff and learners	Increase adoption of patient- and family-centred care standards in every clinical area	Adoption of patient- and family-centred care standards improves from 93 to 98 per cent.	Green
KGH is recognized as a centre of excellence in interprofessional education			

between care teams, patients and families; staff introducing themselves to patients and family members and hourly rounding to ensure each patient is seen by a staff member every hour. Each quarter, we audit compliance with each of these standards and as of Q2 we achieved 93 per cent compliance, a slight decrease from 94 per cent in the previous quarter.

To help move us closer to our target of 98 per cent compliance, we are targeting areas who are not yet achieving the target to make leaders aware and supporting those teams with education.



## Cultivating patient-oriented research

### Strengthening clinical research

Patient-oriented research brings patient outcomes into sharper focus and is a hallmark of what we do at KGH. Over the past several years, we have made deliberate and impressive strides to position KGH as a globally competitive research hospital. Research space at the hospital currently totals 58,417 square feet. This research space supports over 500 researchers, research staff, students and trainees. Over the last several years, it has been a challenge to provide suitable research space. To meet the needs in our existing areas of research strength, additional space is vital to sustaining our capacity to support our research community today and tomorrow.

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

As of this quarter we received approval from the Ministry of Health and Long-Term Care on sketch plans for both Phase 1 and 2 of the construction project. We expect to go to tender in the winter of 2016 with construction starting in the fall of 2017.

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





## Increasing our focus on complex-acute and specialty care

### Aligning and integrating health system services

KGH is an integral part of the broader health care system, and we are working closely with other health care organizations to develop a well-integrated system of care that meets the needs of patients today and into the future. To do this, we need to refresh our strategic plan to help guide us in the everyday decisions we make that impact the patient experience at KGH. This year, we are working with our regional partners on a project to review how current hospital services are provided. Health Care Tomorrow is a collaborative project between the seven hospitals in our region, the Community Care Access Centre (CCAC), Queen's University and the South East Local Health Integration Network (SE LHIN). The project vision is focused on improving access to high quality care through the development of a sustainable system of integrated care. This work will help inform a refresh of our KGH strategy, which we are on track to deliver at the end of this fiscal year.



This year we are focusing on reducing the rate at which patients return to the hospital within 30 days of discharge. This is an important indicator of quality of treatment, discharge practices and follow-up care. The latest data that we have from the Ministry of Health and Long-Term Care from Q3 of the last fiscal year shows that 17.18 per cent of patients, or 133 people, needed to be readmitted within 30 days of discharge, above our goal of 12.9 per cent. While many factors contribute to patients being readmitted following discharge from our hospital, we know that receiving good instructions on proper medication use, wound care and other follow up

instructions, as well as the availability of care supports in the community, are important determinants of whether patients will need to be readmitted. We are actively working with our partners in the local Health Links initiative to ensure appropriate community supports are in place for recently discharged patients. We also know that deficiencies in communication between care providers following discharge can lead to unplanned readmissions so we are working to ensure that comprehensive discharge summaries are sent to our patients' family physicians within 72 hours of discharge to facilitate their ability to establish appropriate care plans and provide the best follow-up care to their patients.



KGH 2015 Outcome	2014/15 Improvement Priorities	2014/15 Targets	Status
KGH services are well aligned and integrated with the broader health-care system	Reduce 30-day readmission rates	30-day readmission rate outperforms the expected Ministry of Health and Long-Term Care rate rate.	N/A
	Engage the KGH community of people to help us shape the future of KGH	Deliver a long-term KGH strategy in the context of Health Care Tomorrow	Green



## Enabling high performance

### Improving staff engagement

A hospital is made up of much more than bricks, mortar and medical equipment. It takes people to deliver Outstanding Care, Always. That's why turning our hospital into a positive, dynamic and healthy workplace is a top priority. One of the ways we can do this is by providing opportunities for employee education, learning and development. In fact, this was one of the top areas of improvement that our staff identified in our last engagement survey. This year we are looking to increase the number of staff who respond 'yes' to the question 'does

the organization provide opportunities for employee education, learning and development?' by 20 per cent when we conduct our next survey in Q3. To do this, we launched a Leading a Mentally Healthy Workplace Certificate program, supported attendance at the Rotman Advanced System Leadership program, purchased Harvard ManageMentor online modules rolled out our new frontline and emerging leaders training program known as LIFT to support formal and emerging leaders to reach their full potential.

Performance conversations are part of employee engagement and continuous development for staff. To help ensure these conversations are taking place, we are aiming to complete another 1,500 performance reviews and agreements this year. In Q2, 159 performance reviews and agreements were completed against our in-quarter target of 375. Information sessions for staff and leaders continue to reinforce the importance of completing performance plans as a way of improving employee engagement, growth and development.



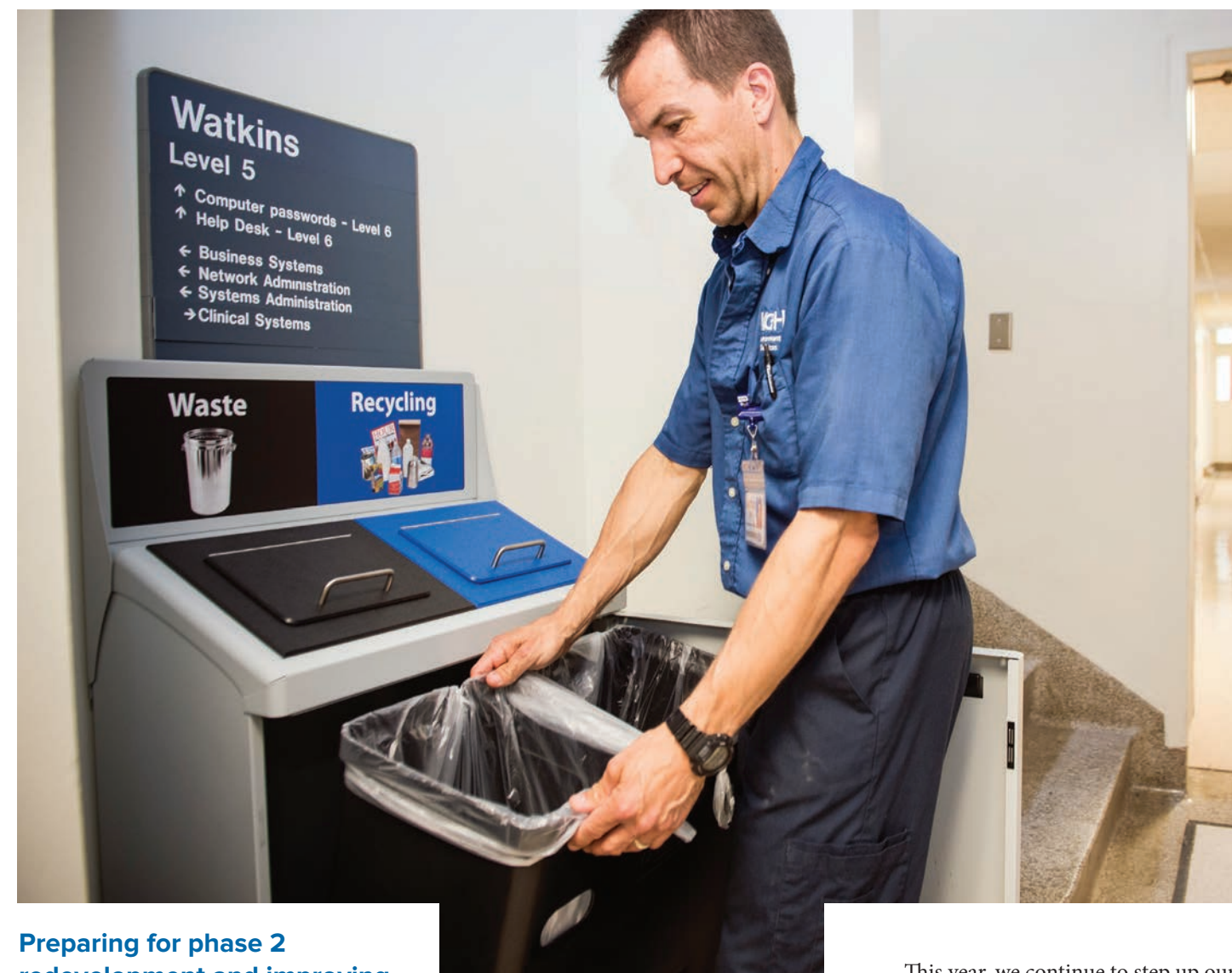
### Providing a safe, healthy workplace

Workplace safety is a high priority at KGH, and we believe that safe staff equals safe patients. Last year, we saw that 30 per cent of our lost time injury claims and 50 per cent of health care claims submitted to WSIB were as a result of MSI injuries from patient mobilization. This year, we are aiming to reduce the number of MSI injuries in staff as a result of inpatient mobilization by 20 per cent. In Q2 there were six incidents, against our target of 11. Through regular patient mobility assessments, use of appropriate patient handling techniques, support from an ergonomist and use of appropriate assistive equipment, we will continue to reduce the risk of injuries to patients and staff. In Q3, risk assessment on patient handling will be finalized as part of the safety group's program and a continuous improvement plan will be developed to address identified gaps. We will work with managers in Q3 to ensure all clinical staff complete the mandatory online safe patient handling training which is intended to support safe patient mobilization.

In the hospital environment there are times when both staff and our patients and families are faced with situations of high emotion and stress. Sometimes these situations can escalate and result in physical harm to our staff. This year we have a goal to reduce staff injuries related to workplace violence by 20% from 50 to 44. In Q2 there were 16 incidents against our in-quarter target of 11. One of the ways we are addressing this issue is by requiring units to implement a Behavioural Crisis Alert Program (BCA) Program where patient risk of violence is identified so we can plan and put supports in place to prevent violence from occurring. A violence prevention task force meets biweekly to work on an action plan for addressing any identified areas of improvement.



This quarter we focused on providing non-violent crisis intervention hands-on training to staff in areas that have a higher incident of violence, in order to enhance their ability to effectively manage behavioural situations that are escalating. We have received approval for an additional security position to ensure that there are resources in place for helping to respond to code white calls and other calls where security assistance is requested and next quarter we will focus on filling this position and on developing risk reduction plans that prevent and better manage at-risk behaviour. Our goal is to launch online learning before the end of Q4 that focuses on care planning for patients at increased risk of aggressive and violent behaviour. In addition, we will be installing card access at the Connell 1 entrance for accessing the Emergency department that will restrict access in order to enhance staff and patient safety. When violent behaviour does occur on a unit, we call a 'Code White' as a request for assistance. After a 'Code White' has been called we now have a new requirement for physicians to attend the code white debriefs that occur after an episode of patient violence. This change is intended to assist staff with the development of a plan of care that helps to better manage at risk behaviour in a way that promotes safety for our staff and patients.



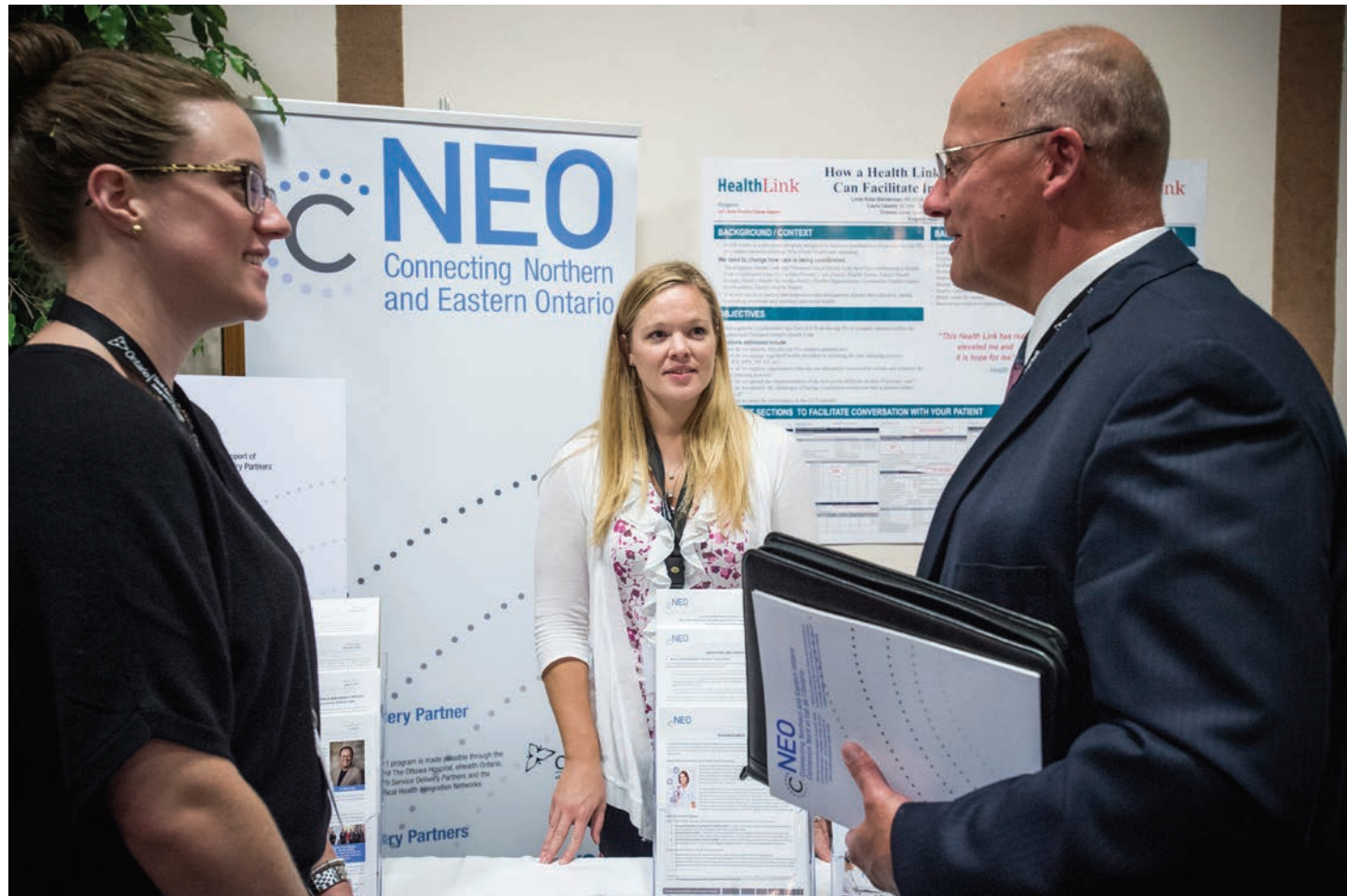
### Preparing for phase 2 redevelopment and improving hospital cleanliness

Safe, modern facilities are essential for leading-edge acute care, research and teaching hospitals. In Phase 1 of our hospital redevelopment project, we added 170,000 square feet of new space and renovated an additional 143 square feet at KGH. This year we're focused on obtaining approval for our Phase 2 hospital redevelopment project. Last year, we were asked by the Ministry of Health and Long-Term Care (MOHLTC) to submit a city-wide Surgical Plan that encompassed both KGH and Hotel Dieu

Hospital (HDH). We completed this in partnership with HDH and submitted it to the MOHLTC for review. We have received notification that the South East LHIN supports the plan and are now awaiting approval from the MOHLTC to move ahead. Since last quarter we hosted another tour for MOHLTC staff to show them the areas in need of redevelopment in our hospital. In addition, several meetings were held between senior hospital staff and the Ministry to further advance the Ministry's understanding of the KGH submission.

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





### Improving care through technology

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

We are working with our partners through the Health Care Tomorrow project to explore a regional health information system. This system will unify health information across all seven hospitals in the South East LHIN to improve communication, collaboration and enable seamless patient care. We are investing in our KGH clinical laboratory with an Automated Chemistry Track project. This investment will automate specimen testing and help improve patient safety by reducing the risk of incorrect testing, reducing specimen

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

information system and result in a more coordinated approach to health care in the province.

In Q2, four of the five technology projects are on target and are expected to be implemented as planned. Our website project faced a resourcing issue which has been addressed and is expected to be on track for launch next quarter.



## Sustaining financial health

We have made great strides to improve the financial health of our organization over the past six years by eliminating our operating deficit and generating the capacity to invest in the equipment, technology and infrastructure required to support Outstanding Care, Always. This year we are committed to maintaining our balanced operating budget while continuing to invest in our future.

Our total margin measures total operating revenues in excess of total expenses. It is a measurement of management's efficiency and the hospital's ability to live within available financial resources. At the completion of Q2 our total margin was five per cent, which slightly exceeds the budgeted performance target.

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

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

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

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

We hope you enjoyed your read of *KGH This Quarter*. Don't forget to check out the *KGH Strategy Performance Report* on our website at [www.kgh.on.ca](http://www.kgh.on.ca), where you can see how each of our indicators has trended over the past five quarters and what actions are being taken to improve our performance. You can also join the conversation with KGH at [www.kghconnect.ca](http://www.kghconnect.ca). As always, your questions or comments are welcome. Stay tuned, KGH is on the move!

KGH 2016 Outcome	2015/16 Improvement Priorities	2015/16 Targets	Status
Staff are engaged in all aspects of our quality, safety and service improvement initiatives	Address priorities identified in our employee, physician and volunteer engagement surveys	Staff who respond "yes" to "does the organization provide opportunities for employee education, learning and development" improves by 20 per cent	Green
	Align organization and individual accountability	1500 additional staff participate in performance reviews and agreements are completed (phase 2 of 2)	Red
All preventable harm to staff is eliminated	Reduce the incidence of musculoskeletal injuries and incidents of workplace violence	Musculoskeletal (MSI) injury claims from staff are reduced from 53 to less than or equal to 42 per year	Green
		Staff injuries related to workplace violence are reduced from 55 to less than or equal to 44 per year	Red
Phase 2 construction is underway and KGH is clean, green and carpet free	Advance phase 2 redevelopment and improve hospital cleanliness	Phase 2 redevelopment advances to stage two approval status	Yellow
		Cleaning audit performance reaches 85 per cent	Yellow
Rapid transmission of information improves care and operational efficiency	Focus organizational project resources on strategic technology projects	Strategic technology projects are implemented on schedule and on budget.	Green
Our operating budget is balanced and we are able to allocate \$20 million a year to capital expenditures	Increase our capital spend to \$20 million	KGH total margin is greater than zero	Green
		Our capital budget reaches \$20 million	Green



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

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