

fiscal
2016-2017 **Q1**
1st quarter ended June 30, 2016

KGHthis
quarter



Strategy Performance Report



Kingston
General
Hospital

Outstanding care, always

KGH Strategy Performance Report Fiscal 2017

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Strategic Direction 5

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Maximize our research & academic health sciences potential

Outcome 5:

The Kingston-wide health research enterprise is among the "Top 10" health research institutes in Canada

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Enabling High Performance

People

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Empower our people to transform the patient experience

Strategic Performance Indicators

1 staff round with senior leadership every month 8

Enabling High Performance

Technology

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Rapid transmission of information improves care & operational efficiency

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Strategic technology projects are implemented on schedule and on budget** 9

Enabling High Performance

Facilities

Outcome 9:

Phase 2 functional planning is complete

Strategic Performance Indicators

Stage 2 Approval Status 10

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Enabling High Performance

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Finance

Outcome 10:

KGH is a top operational performer amongst Ontario teaching hospitals

Strategic Performance Indicators

19 of 19 QBPs have a completed process analysis with recommendations for change

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Q1 FY2017 Strategy Performance Indicators Report

Strategic Direction	2017 Outcome	Indicator	16-Q1	16-Q2	16-Q3	16-Q4	17-Q1
Transform the patient experience through a relentless focus on quality, safety and service	KGH is a top performer on the essentials of quality, safety, & service	7 of the 9 QIP indicators meet or exceed their targets	N/A	N/A	N/A	N/A	Y
Transform the workplace experience through a focus on work-life quality	Our people are inspired and proud to work at KGH	Tactic plans for all 3 opportunities for improvement meet quarterly targets*	N/A	N/A	N/A	N/A	Y
Drive clinical innovation in complex-acute & specialty care	KGH is positioned as a leading centre for complex-acute & specialty care	Tactic plan meets quarterly targets	N/A	N/A	N/A	N/A	Y
Create seamless transitions in care for patients across our regional health-care system	Patient navigation pathways and partnerships are established for complex-acute and chronic patient populations	Tactic plans for all 3 pathways meet quarterly targets	N/A	N/A	N/A	N/A	G
Maximize our research & academic health sciences potential	The Kingston-wide health research enterprise is among the "Top 10" health research institutes in Canada	Tactic plan to create an integrated research institute meets quarterly targets	N/A	N/A	N/A	N/A	G
Create a high performing regional health-care system with our partners	KGH is part of an integrated and sustainable regional health-care system	Tactic plans for deliverables meet quarterly targets	N/A	N/A	N/A	N/A	G
People	Empower our people to transform the patient experience	1 staff round with senior leadership every month	N/A	N/A	N/A	N/A	G
Technology	Rapid transmission of information improves care & operational efficiency	Strategic technology projects are implemented on schedule and on budget**	N/A	N/A	N/A	N/A	G
Facilities	Phase 2 functional planning is complete	Stage 2 Approval Status	Y	Y	Y	Y	G
Finance	KGH is a top operational performer amongst Ontario teaching hospitals	19 of 19 QBPs have a completed process analysis with recommendations for change	N/A	N/A	N/A	N/A	G

Indicates improving performance to target over the past 5 quarters



Indicates worsening performance to target over the past 5 quarters



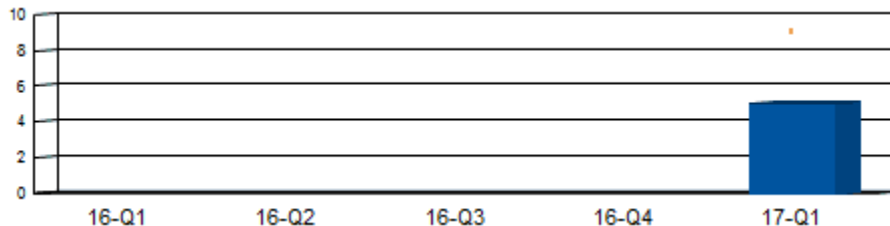
	Strategy					QIP					Supporting				
	F16			F17		F16			F17		F16			F17	
	Q2 %	Q3 %	Q4 %	Q1 %	Q1 #	Q2 %	Q3 %	Q4 %	Q1 %	Q1 #	Q2 %	Q3 %	Q4 %	Q1 %	Q1 #
R	26%	22%	33%	0%	0	33%	25%	42%	33%	4	36%	28%	37%	32%	37
G Y	74%	78%	67%	100%	10	67%	75%	58%	67%	5	64%	72%	63%	68%	76
N/A	0%	0%	0%	0%	0	0%	0%	0%	0%	0	0%	0%	0%	0%	0
					10					9					113

Q1 FY2017 Strategy Performance Indicators Report

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

KGH is a top performer on the essentials of quality, safety, & service

Indicator: 7 of the 9 QIP indicators meet or exceed their targets



	Actual	Target
16-Q1		
16-Q2		
16-Q3		
16-Q4		
17-Q1	5	9

Describe the tactics that were implemented in this quarter to address the achievement of the target:

Each year, we submit a Quality Improvement Plan (QIP) to the Ministry of Health and Long-Term Care. Our QIP identifies specific priorities for quality improvement in five dimensions including effectiveness, efficiency, patient-centeredness, safety and timeliness. In this year's QIP, we have specified tactics to reduce readmission rates and unnecessary time spent in acute care, improve patient satisfaction, avoid patient falls, increase the proportion of patients receiving medication reconciliation upon admission, reduce hospital acquired infection rates and the prevalence of skin ulcers and reduce emergency department wait times. This year, we are aiming to achieve or exceed eighty percent of quality improvement plan targets. In Q1, we achieved 5 of 9, or 56 per cent of our QIP targets.

Explain the current performance of the target. Where possible, translate statistics and numbers into plain language, focusing on the impact to patients and staff:

As of Q1, 4 of the 9 QIP indicators were red.

"Would you recommend this ED to your friends and family?": This new survey is one source of information regarding patient experience at KGH. The ED is currently looking at tactics that would be of most value in relation to patients and families responding to questions about recommending our ED to others. Discussions include using current real time feedback such as that from the Patient Led Feedback Forums and opportunities to bring more patient related feedback data from Patient Relations to the ED Program.

"Would you recommend this ED to your friends and family?": Quarterly data is always a quarter behind to allow for the survey return and analysis. As of August 25th, preliminary data for April & May 2016 show that the KGH ED score is 57.4% with a response rate of 31%.

Reduction in Level 1 to 4 falls with a focus on level 3 and 4 falls: This quarter we have moved from reporting number of level 3-4 falls to reporting number of falls per 1000 patient days. This quarter our falls rate corporately was 4.21 per 1000 patient days. This is important for us to understand as it allows us to look at falls activity throughout the hospital as any fall has the potential to cause injury. We have good opportunity to improve this result

Percent ALC Days: We did not meet the target of 13.2% this quarter. Despite significant efforts across hospitals and the SE CCAC, ALC rates have been escalating over the past year. The continued rise in the numbers of patients designated as ALC is of great concern. The team is discussing options to optimize care of patients with chronic or complex conditions through Health Links and reduce avoidable hospital admission from long term care homes or retirement homes. KGH staff members are participating in a LHIN based peer to peer patient flow task team to develop policies and processes that will be implemented across all SE LHIN organizations. Fiscal 16/17 actions to address will include enhances LHIN engagement to create processes to better understand system challenges.

Of note is Hand Hygiene Compliance which reached 91 percent in Q1, up from 86 percent in Q4 of last fiscal year. It is green for the first time over the last five quarters.

Are we on track to meet the target by year end? If not, what new tactics are planned to ensure the target is met?

Yes, we are track to meet the target by the end of Q4. However, significant challenges remain with solving the ALC issue.

Definition: DATA: Decision Support - Alex Ungar COMMENTS: Dr. David Zelt EVP: Dr. David Zelt REPORT: STRATEGY REPORT

Each year, we submit a Quality Improvement Plan (QIP) to the Ministry of Health and Long-Term Care. Our QIP identifies specific priorities for quality improvement in five dimensions including effectiveness, efficiency, patient-centeredness, safety and timeliness. In this year's QIP, we are aiming to reduce readmission rates and unnecessary time spent in acute care, improve patient satisfaction, avoid patient falls, increase the proportion of patients receiving medication reconciliation upon admission, reduce hospital acquired infection rates and the prevalence of skin ulcers and reduce emergency department wait times.

By 2018 KGH will be a top performer on the essentials of quality, safety and service and will have achieved or exceeded eighty percent of quality improvement plan targets.

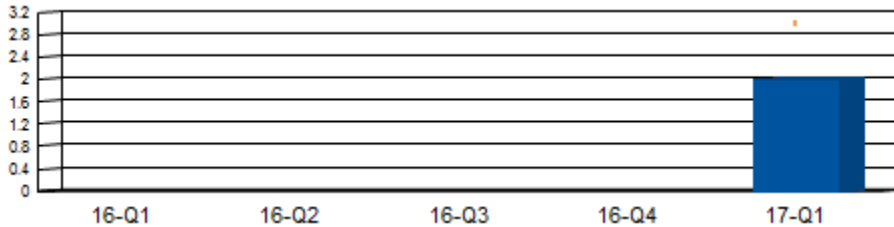
Target: Target 16/17: 80% Perf. Corridor: Red 0 to 4 indicators, Yellow 5 - 6 indicators, Green 7 - 9 Indicators

Q1 FY2017 Strategy Performance Indicators Report

Transform the workplace experience through a focus on work-life quality

Our people are inspired and proud to work at KGH

Indicator: Tactic plans for all 3 opportunities for improvement meet quarterly targets*



	Actual	Target
16-Q1		
16-Q2		
16-Q3		
16-Q4		
17-Q1	2	3

Describe the tactics that were implemented in this quarter to address the achievement of the target:

PHYSICIAN ENGAGEMENT: This year we are aiming to improve trust by opening up the lines of communication between senior leadership, fostering mutual understanding of issues and concerns in the organization and acting on feedback. In Q1, we developed a plan for presenting the results of the physician engagement survey, met with department heads and PMDs and held departmental focus groups to better understand the concerns raised by physicians through the survey process.

EMPLOYEE ENGAGEMENT: This year we aiming to re-examine our approach to building employee engagement by addressing the systemic issues identified in our 2015 employee engagement survey and improving individual and team relationships across the hospital. In Q1 we completed a tactic plan for rolling out engagement results across the organization and developing corporate and team-level plans to address the issues identified in the survey. We shared the engagement survey results with leaders and teams across the hospital and 26 per cent of teams created action plans for addressing the specific issues that are important to their teams.

VOLUNTEER ENGAGEMENT: This year we are aiming to improve volunteer engagement specifically within patient care teams across the hospital. In Q1, we presented the volunteer engagement survey results to volunteers and program managers in areas where there is opportunity for improvement. We also developed a plan for evaluating our volunteer program within individual KGH clinical programs and services. The results of this evaluation will be used to help us optimize the effectiveness of volunteer roles and how volunteers are integrated and managed within each clinical program and service. Ultimately this will help us to transform the patient, staff and volunteer experience.

Explain the current performance of the target. Where possible, translate statistics and numbers into plain language, focusing on the impact to patients and staff:

PHYSICIAN ENGAGEMENT: As of Q1, we are on track with the planned physician engagement strategy milestones. In Q2, we will be presenting the findings from our discussions and developing a detailed physician engagement strategy.

EMPLOYEE ENGAGEMENT: As of Q1, we are on track with the planned employee engagement milestones with the exception of the completion of all team engagement plans. In Q2, we anticipate the remaining 74 per cent of team engagement plans will be completed. We will be assessing those plans to ensure that we are addressing all the gaps identified in the engagement survey at the team level, while identifying common issues across teams that could be addressed at the corporate level. We will also be hosting focus groups in key areas of the organization to address issues that cut across individual roles and teams.

VOLUNTEER ENGAGEMENT: As of Q1, we are on track with the planned volunteer engagement milestones. In Q2, we will be in a position to launch our volunteer program evaluation plan within targeted clinical programs and services where there are opportunities for improvement in engagement. We will also host volunteer program meetings within those programs and services to create engagement action plans that address priority issues for those teams. Of note, there are examples where volunteer engagement is high and volunteers feel like an integral part of the care team in key areas such as our ICU where the team recently celebrated the role of volunteers. We are aiming to create this level of engagement within every clinical area.

Are we on track to meet the target by year end? If not, what new tactics are planned to ensure the target is met?

PHYSICIAN ENGAGEMENT: Yes we are on track to meet the planned physician engagement strategy milestones by the end of Q4.

EMPLOYEE ENGAGEMENT: Yes we are on track to meet the planned employee engagement strategy milestones by the end of Q4.

VOLUNTEER ENGAGEMENT: Yes we are on track to meet the planned volunteer engagement milestones by the end of Q4.

Definition: DATA: M. Mulima COMMENTS: Micki Mulima EVP: Sandra Carlton REPORT: STRATEGY REPORT

The top three opportunities for improvement in employee engagement are addressed (trust, recognition, training & development)

More than 65 per cent of employees and 37 per cent of physicians completed engagement surveys in 2015, identifying opportunities for both team-based and organization-wide improvements. This year, teams will continue to implement engagement action plans that address specific issues that are important to them. At a corporate level, we are focused on strengthening trust and recognition and will conduct a follow up engagement survey in the fall of 2017 to gauge our progress.

By 2018 our people are inspired and proud to work at KGH. We will have addressed the top three opportunities for improvement in engagement.

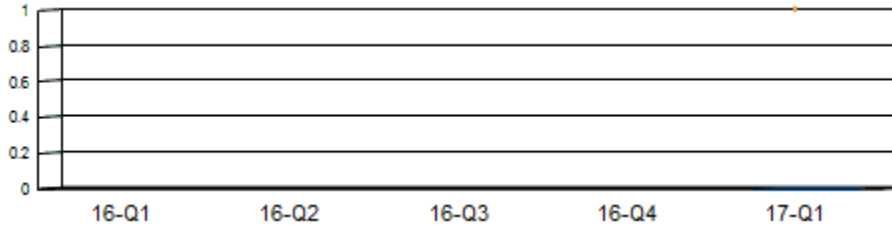
Target: Target 16/17: Perf. Corridor: Red 0 or 1 on track, Yellow 2 on track, Green 3 on track

Q1 FY2017 Strategy Performance Indicators Report

Drive clinical innovation in complex-acute & specialty care

KGH is positioned as a leading centre for complex-acute & specialty care

Indicator: Tactic plan meets quarterly targets



	Actual	Target
16-Q1		
16-Q2		
16-Q3		
16-Q4		
17-Q1	0	1

Describe the tactics that were implemented in this quarter to address the achievement of the target:

Our clinical innovation strategy will help us transform complex-acute and specialty care services in response to changes in our health-care system and current and projected population health demographics. In Q1, we created an accountability structure to oversee the strategy development process; we created individual strategy templates for each of our clinical programs and services and began the work of populating them with data that will inform strategic decisions at the program level. We had planned to assign program and department-level MRPs to create clinical program strategies. With the recent KGH-HDH integration announcement, we have deferred this deliverable while the transition structures are being created so that we can move forward in an integrated fashion.

Explain the current performance of the target. Where possible, translate statistics and numbers into plain language, focusing on the impact to patients and staff:

As of Q1, we are on track with our planned milestones for the development of a clinical innovation strategy, with the exception of the assignment of program and department-level MRPs to lead the creation of program strategies. Once those MRPs have been assigned, we will proceed to develop program/department-level strategies that will then be synthesized into an integrated KGH-HDH clinical innovation strategy that will guide clinical priorities over the next several years.

Are we on track to meet the target by year end? If not, what new tactics are planned to ensure the target is met?

Yes, we are on track to deliver program/department-level clinical strategies so we can begin the work of creating an integrated KGH-HDH clinical innovation strategy in Q4 of this fiscal year.

Definition: DATA: Dr. David Zelt COMMENTS: Dr. David Zelt EVP: Dr. David Zelt REPORT: STRATEGY REPORT

Our clinical innovation strategy will help us transform complex-acute and specialty care services in response to changes in our health-care system and current and projected population health demographics. It will help us align our resources where they are needed most to meet the needs of patients and families today and into the future. It will also help us prioritize and invest in the cutting edge tools, approaches, partnerships and services that deliver efficient, effective, high quality care. This year, we will develop and implement a clinical innovation strategy for KGH that aligns and integrates with all parts of our regional health-care system to ensure we are delivering comprehensive, high quality care to the residents of southeastern Ontario.

By 2018 KGH will be positioned as a leading centre for complex-acute and specialty care and we will have implemented a clinical innovation strategy that aligns and integrates with our health-care system.

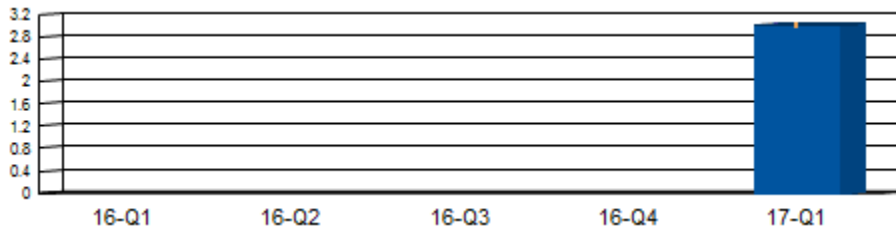
Target: Target 16/17: 100% Perf. Corridor: Red "No", Yellow "in progress", Green "Yes"

Q1 FY2017 Strategy Performance Indicators Report

Create seamless transitions in care for patients across our regional health-care system

Patient navigation pathways and partnerships are established for complex-acute and chronic patient populations

Indicator: Tactic plans for all 3 pathways meet quarterly targets



	Actual	Target
16-Q1		
16-Q2		
16-Q3		
16-Q4		
17-Q1	3	3

Describe the tactics that were implemented in this quarter to address the achievement of the target:

COPD: This year we are aiming to develop a regional best practice patient journey for patients presenting with COPD. In Q1, together with patients and families, staff and physicians, we mapped the COPD patient journey from the time a patient presents to our emergency department or HDH's urgent care centre to the time they are discharged. We surveyed stakeholders to validate our recommendations and determine achievable metrics. The same recommendations were submitted to SECHIEF for approval.

HIP FRACTURES: This year we are aiming to develop a regional best practice patient journey for patients presenting with hip fractures. In Q1, together with patients and families, staff and physicians, we mapped the hip fracture patient journey from the time a patient presents to our emergency department or are directly admitted to KGH from another facility to the time they are discharged. We surveyed stakeholders to validate our recommendations and determine achievable metrics. The same recommendations were submitted to SECHIEF for approval.

PALLIATIVE: Patients with life-limiting illness who receive appropriate and early palliative care not only have improved quality of life, their family members cope better, they have less need for hospital care and they are more likely to die in their place of choice. This year, we are aiming to create a comprehensive, well-coordinated palliative care program for patients, families and care providers. In Q1, we consulted stakeholders and developed a plan and performance management framework for an enhanced palliative care program at KGH.

HEALTH LITERACY: Health literacy refers to a broad set of skills that help patients and their families understand health information, participate in self-management and navigate the complex health care system. This year we are aiming to implement the 'teach-back' system, which provides members of the care team with the tools to improve health literacy through patient-centred communication. In Q1, we developed a workplan and communication plan to support the roll out of the teach-back system with the chronic kidney disease (CKD) patient population.

Explain the current performance of the target. Where possible, translate statistics and numbers into plain language, focusing on the impact to patients and staff:

COPD: As of Q1, we have implemented all the milestones we planned to achieve. In Q2, we expect to receive approval to proceed from SECHIEF.

HIP FRACTURES: As of Q1, we have implemented all the milestones we planned to achieve. In Q2, we expect to receive approval to proceed from SECHIEF. At that point, we will re-engage stakeholders to review the proposed care pathways, as well as the accompanying order sets and discharge checklists.

PALLIATIVE: As of Q1, we have implemented the planned milestones for this tactic. In Q2, we will begin building a palliative care pathway in the oncology program as a basis for potential adaptation into the chronic kidney disease and Chronic Obstructive Pulmonary Disease patient populations. In addition, we also hired a project manager who will oversee the implementation of our palliative care program.

HEALTH LITERACY: As of Q1, we have implemented the planned milestones for this tactic. In Q2, we will begin to work with leaders in the CKD program to introduce the teach-back concept. We will also be conducting pre-surveys with members of the CKD care teams to establish a baseline measure of knowledge of the teach-back method.

Are we on track to meet the target by year end? If not, what new tactics are planned to ensure the target is met?

COPD: Yes, we are on track to deliver on all our planned milestones by the end of Q4.

HIP FRACTURES: Yes, we are on track to deliver on all our planned milestones by the end of Q4.

PALLIATIVE: Yes, we are on track to deliver on all our planned milestones by the end of Q4.

HEALTH LITERACY: Yes, we are on track to deliver on all our planned milestones by the end of Q4.

Definition: DATA: Silvie Crawford COMMENTS: Silvie Crawford EVP: Silvie Crawford REPORT: STRATEGY REPORT

The care patients receive while in hospital is typically excellent. However, patients who require different levels of care over an extended period of time in multiple settings often have trouble receiving care across different parts of the health system and at transition points. Communication can be difficult, wait times can be long and patients and families can feel like they are 'falling through cracks' in the system. This year, we will work with our regional partners to implement clear pathways across the entire continuum of care for patients with chronic obstructive pulmonary disease, hip fractures and patients with life-limiting illnesses who require palliative care.

By 2018 patient navigation pathways and partnerships will be established for complex-acute and chronic patient populations and we will have implemented a continuum of care pathways for chronic obstructive pulmonary disease, hip fractures and palliative care.

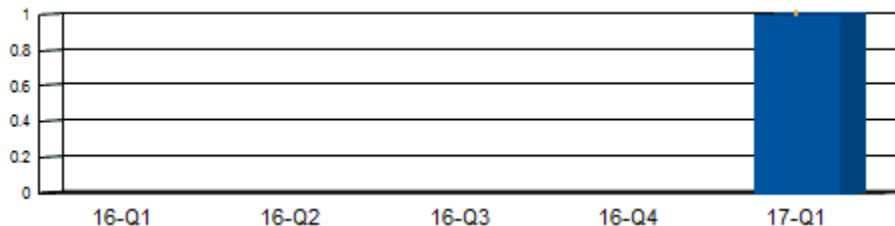
Target: Target 16/17: Perf. Corridor: Red 0 or 1 on track, Yellow 2 on track, Green 3 on track

Q1 FY2017 Strategy Performance Indicators Report

Maximize our research & academic health sciences potential

The Kingston-wide health research enterprise is among the "Top 10" health research institutes in Canada

Indicator: Tactic plan to create an integrated research institute meets quarterly targets



	Actual	Target
16-Q1		
16-Q2		
16-Q3		
16-Q4		
17-Q1	1	1

Describe the tactics that were implemented in this quarter to address the achievement of the target:

During the last six months, three working groups (HR, Finance, and Governance), along with a local project management team, worked in collaboration with consultants from Ernst & Young to develop an operational plan of the new joint venture aimed at providing the necessary detail to support a go/no go decision by the academic partners (Queen's University Faculty of Health Sciences, Kingston General Hospital, Hotel Dieu Hospital, and Providence Care) for creating the new Integrated Kingston Health Research Institute (IRI) to enhance the coordination, visibility and promotion of health research in Kingston. The final plan was presented and approved by all three Hospital Boards in F2017 Q1. The final plan will be presented to Queen's Board of Trustees in the fall 2016 based on agenda availability. Once approval is obtained from Queen's to move forward, the first steps will involve creating a legal entity with charitable and SR&ED status.

The William J. Henderson Centre for Patient-Oriented Research, once complete, will be a game-changer for research in the Kingston region and will also help to enhance research space for the new IRI. When complete, the ~10,000 square foot facility will offer clinicians, for the first time, the facilities and capabilities to conduct clinical trials at the beginning stage allowing for the development of new treatments. The Ministry of Health and Long-Term Care (MOHLTC) granted approval in F2017 Q1 to commence construction with the contractor awarded the project (Cupido Construction). Construction commenced July 18, 2016 and it is anticipated the new Centre will be completed and occupied by April 2017. We also commenced construction of Dr. Elaine Petrof's new RE-POOPULATE lab.

Explain the current performance of the target. Where possible, translate statistics and numbers into plain language, focusing on the impact to patients and staff:

Partnerships are key to the overall success of the Kingston-wide health research enterprise, locally, nationally and internationally. Once approved, this new integrated enterprise will build on, support and grow our success in key areas of research, while ensuring the sustainability of health research in Kingston. Currently, all three Kingston hospitals have signed on to be partners in the new enterprise and we are awaiting approval from the fourth partner, Queen's University. The University's approval is critical to our success in building a world-class academic research enterprise that is well positioned to compete for scarce research dollars. The existence of this kind of enterprise will enable the kinds of high-quality, collaborative research such as the internationally recognized work of Dr. Daren Hyland in end of life care. Research collaborations like his, which take years to establish and develop, will be supported and accelerated through the presence and resources of the integrated enterprise. An integrated enterprise will also be more attractive to leading researchers, students and trainees.

For more information on existing current health research visit www.kgh.on.ca/research.

Are we on track to meet the target by year end? If not, what new tactics are planned to ensure the target is met?

Yes we are on track. The health research landscape is increasingly complex. There is a need for academic health sciences centres to evolve and come together as one entity to ensure competitiveness and sustainability. Queen's Central and Board of Trustees will meet in the fall 2016 and determine if the new entity will move forward.

Definition: DATA: Veronica Harris-McAllister COMMENTS: Veronica Harris-McAllister EVP: Roger Deeley REPORT: STRATEGY REPORT

The KGH Research Institute is dedicated to building innovative partnerships, building innovative partnerships and pursuing research excellence through a collaborative approach that leverages the combined strengths of our Kingston hospital and Queen's University partners. This year, KGHRI is leading an initiative to establish a unified Kingston-wide research institute in which we can all work together to generate and translate new knowledge into effective therapies, treatments and best practices that benefit patients everywhere.

By 2018 the Kingston-wide health research enterprise will be among the "Top 10" health research institutes in Canada and we will establish a Kingston-wide health research enterprise agreement.

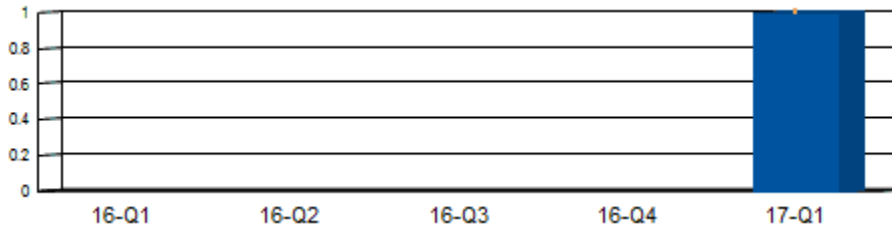
Target: Target 16/17: 100% Perf. Corridor: Red "No", Yellow "in progress", Green "Yes"

Q1 FY2017 Strategy Performance Indicators Report

Create a high performing regional health-care system with our partners

KGH is part of an integrated and sustainable regional health-care system

Indicator: Tactic plans for deliverables meet quarterly targets



	Actual	Target
16-Q1		
16-Q2		
16-Q3		
16-Q4		
17-Q1	1	1

Describe the tactics that were implemented in this quarter to address the achievement of the target:

Health Care Tomorrow is a collaboration between the seven hospitals in our region, as well as Queen's University and the Community Care Access Centre who are working together to create a more integrated, seamless hospital system for patients and families. In Q1, KGH contributed to the delivery of three 'wave 1' business proposals for sharing services and expanding on existing collaborations within Laboratory Services, Information Services and Decision Support Services.

Explain the current performance of the target. Where possible, translate statistics and numbers into plain language, focusing on the impact to patients and staff:

The hospital and SE LHIN boards all gave their support to continue implementation planning on these three initiatives. This means that work teams will continue to refine and develop their proposals.

Are we on track to meet the target by year end? If not, what new tactics are planned to ensure the target is met?

Several developments have occurred over the last several months that will influence how Health Care Tomorrow moves forward. Chief among them, KGH and HDH announced their plans to integrate to form a new Kingston Academic Health Sciences Centre. This development is in keeping with the spirit of Health Care Tomorrow. Work continues on developing the HCT-specific milestones for the remainder of this year and these are expected to be confirmed in the fall.

Definition: DATA: Jim Flett COMMENTS: Jim Flett EVP: Jim Flett REPORT: STRATEGY REPORT

The Health Care Tomorrow – Hospital Services initiative began in 2014 as a collaboration between our region's seven hospital organizations, the Community Care Access Centre, the Queen's University Faculty of Health Sciences and the South East LHIN. Together, we are aiming to meet the needs of today's patients and families by making it easier for them to get care, when they need it, here in our region, while creating a great place to work for our staff and responding to the financial challenges facing our health care system. This year, our leaders are actively participating in the development of business cases that explore the potential to share services and build on existing collaborations with our regional partners in key areas such as information technology, financial services, human resources, facilities management, diagnostic imaging, laboratory and pharmacy services.

By 2018 KGH will be part of an integrated and sustainable regional health-care system. We will have advanced Health Care Tomorrow deliverables.

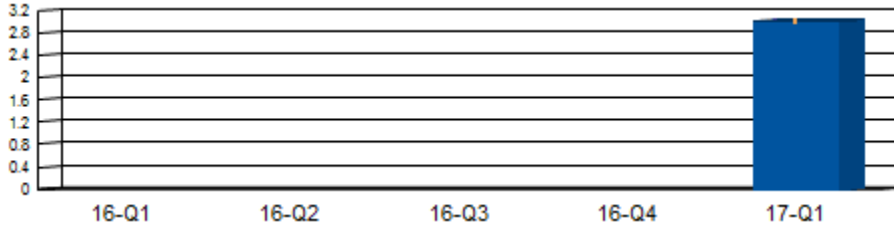
Target: Target 16/17: Perf. Corridor: Red "No", Yellow "inprogress", Green "Yes"

Q1 FY2017 Strategy Performance Indicators Report

People

Empower our people to transform the patient experience

Indicator: 1 staff round with senior leadership every month



	Actual	Target
16-Q1		
16-Q2		
16-Q3		
16-Q4		
17-Q1	3	3

Describe the tactics that were implemented in this quarter to address the achievement of the target:

Our recent engagement survey suggests that by increasing visibility and interaction with members of the senior executive team, we can improve KGH staff and physician engagement. This year we are aiming to improve trust by opening up the lines of communication between staff and executives and fostering mutual understanding of issues and concerns in the organization. In Q1, we created a plan for executive rounds, as well as a master schedule and shared calendar to help us track bi-weekly executive rounds.

Explain the current performance of the target. Where possible, translate statistics and numbers into plain language, focusing on the impact to patients and staff:

We have completed the Q1 milestones for this tactic and as of Q2, executive rounds are taking place. In the remainder of this fiscal year, each senior executive has committed to conducting at least two rounds per month.

Are we on track to meet the target by year end? If not, what new tactics are planned to ensure the target is met?

Yes, we are on track to meet the target of every senior executive conducting bi-weekly rounds in Q2, 3 and 4.

Definition: DATA: Sandra Carlton COMMENTS: Jim Flett EVP: Jim Flett REPORT: STRATEGY REPORT

It takes people to deliver Outstanding Care, Always. Patients and families at KGH are served by thousands of highly-educated health-care professionals and providing them with a positive, dynamic, healthy workplace is a top priority. One of the ways we will achieve is by creating regular opportunities for front-line staff to interact with our senior executive team to strengthen their connections, improve their mutual understanding of front-line care issues and big-picture organization and system issues so that we can all make the best decisions and improvements for patients, families, the hospital and our regional health system. This year, our senior executive team is committed to doing rounds with staff throughout the hospital each month.

By 2018 senior leadership will conduct monthly staff rounds and we will be positioned to empower our people to transform the patient experience.

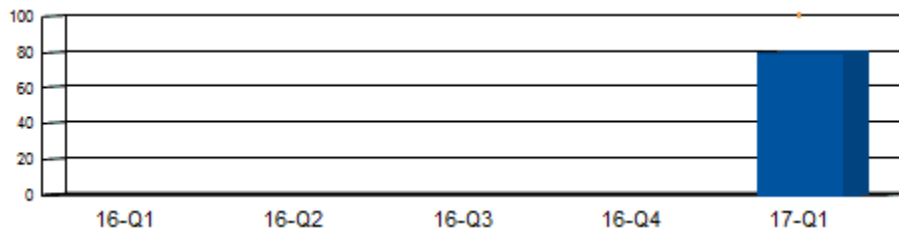
Target: Target 16/17: 100% Perf. Corridor: Red 1 or 0 rounds, Yellow 2 rounds, Green 3 rounds

Q1 FY2017 Strategy Performance Indicators Report

Technology

Rapid transmission of information improves care & operational efficiency

Indicator: Strategic technology projects are implemented on schedule and on budget**



	Actual	Target
16-Q1		
16-Q2		
16-Q3		
16-Q4		
17-Q1	80	100

Describe the tactics that were implemented in this quarter to address the achievement of the target:

Keeping pace with emerging technology is essential in the business of health care. This year, we are working with partners to explore a regional Health Information System; participating in Connecting Ontario by sharing clinical data across the continuum of care providers in the Province; introducing electronic workflow and communications with community care partners; creating a new staff intranet and exploring opportunities to improve supply management within KGH. As of Q1, each of these projects is on track as follows:

1. No significant changes to the HIS RFP project since the last quarter. The provincial HIS task force validated the Health Care Tomorrow HIS working group approach. Total Cost of Ownership analysis will proceed with the HIS business case. Work continues on the HCT business case next steps for this year and those steps are expected to be confirmed in the fall.

2. Connecting Ontario stage 1 was delayed due to eHealth Ontario dependencies such as the inability to access a testing environment, the technology challenges associated with the operational environment and staffing resources required to complete final deliverables. The technical development for Phase 2 is pending the sign-off by hospital CEO's of the Memorandum of Understanding (MOU). Two of seven hospitals (Brockville and KGH) have approved the MOU. As previously reported, the change management phase continues to build awareness throughout all of the SE LHIN hospitals.

3. The project scope and approach for the intranet phase of the web strategy project have been defined. Project execution is pending the approval of the project charter. The go live is currently estimated to take place in Q3.

4. A project for the automation and optimization of the CCAC referral process has been initiated. The project's scope, objectives and solution are currently being defined.

5. A project for the implementation of an Inventory Control and Management Solution for the OR has been kicked off. The definition of a technical solution and project scope are pending the conclusion of the discovery phase. The kick off for the implementation of an inventory control solution for the lab is pending an initial engagement.

Explain the current performance of the target. Where possible, translate statistics and numbers into plain language, focusing on the impact to patients and staff:

As of Q1, we are on track with the expected performance of this target with four of the five strategic technology projects hitting planned milestones. The one project that is delayed, Connecting Ontario, is due to issues at the provincial level that are outside of our control.

Are we on track to meet the target by year end? If not, what new tactics are planned to ensure the target is met?

Four of the five projects are green, indicating that overall progress is on schedule and within budget.

NOTE: The HIS RFP and Connecting Ontario projects will continue into Fiscal 2018 as planned.

Definition:

DATA: Troy Jones COMMENTS: Troy Jones EVP: Jim Flett REPORT: STRATEGY REPORT

Keeping pace with emerging technology is essential in the business of health care. This year, we are focusing on several strategic technology projects that will help us to work smarter and more efficiently. We are working with our partners through the Health Care Tomorrow process to explore a regional Health Information System that will improve communication and collaboration across the seven hospitals in our LHIN, while enabling a more seamless patient experience. The Connecting Northern and Eastern Ontario (cNEO) project will connect silos of information and result in a more coordinated approach to health care in the province. We are also exploring opportunities to introduce electronic workflow and communications with our community care partners. We are creating a new staff intranet to create a powerful platform for information sharing and engagement for everyone who works, learns and volunteers at our hospital. And, we're exploring opportunities to improve supply management in our hospital by automating processes and creating efficiency.

By 2018 we will achieve rapid transmission of information to improve care and operational efficiency. We will have implemented strategic technology projects on schedule and on budget.

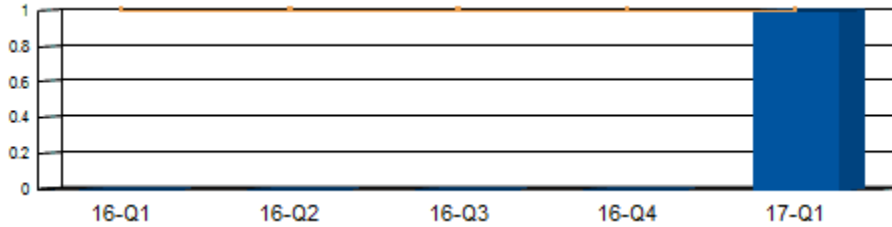
Target: Target 16/17: 100% Perf. Corridor: Red <60%, Yellow 60% to 79%, Green >= 80%

Q1 FY2017 Strategy Performance Indicators Report

Facilities

Phase 2 functional planning is complete

Indicator: Stage 2 Approval Status



	Actual	Target
16-Q1	0	1
16-Q2	0	1
16-Q3	0	1
16-Q4	0	1
17-Q1	1	1

Describe the tactics that were implemented in this quarter to address the achievement of the target:

The Minister of Health and Long-Term care announced \$2.5 million in funding to support the planning for our phase 2

Explain the current performance of the target. Where possible, translate statistics and numbers into plain language, focusing on the impact to patients and staff:

As part of the province's \$51.8 billion investment in health care for 2016-17, the Ministry of Health and Long-Term Care announced on August 3 an investment of over \$13 million in the Kingston area. As part of this investment, Kingston General Hospital will receive a total of \$9.2 million in funding to help support early planning for potential future capital investments, as well as an increase in the operating budget. In continuing to support the evolving care needs of our community, modern facilities are essential for supporting leading-edge acute care, research and teaching hospitals. Future redevelopment plans at KGH include new equipment, building new facilities and adding modern technology in key areas of the hospital. Specific areas proposed for redevelopment include Laboratories, Neonatal Intensive Care, and Labour and Delivery, along with significant improvements to the Operating Rooms and the Emergency Department.

Are we on track to meet the target by year end? If not, what new tactics are planned to ensure the target is met?

As of Q1, we are on track to receive approval to proceed with stage 2 of our redevelopment project.

Definition: DATA: Allan McLuskie COMMENTS: Allan McLuskie EVP: Jim Flett REPORT: STRATEGY REPORT

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 redevelopment project, which includes plans for a brand new neonatal intensive care unit, labour and delivery facilities, labs and operating rooms.

By 2018 phase 2 functional planning will be complete. Approval will be obtained to proceed with phase 2 redevelopment.

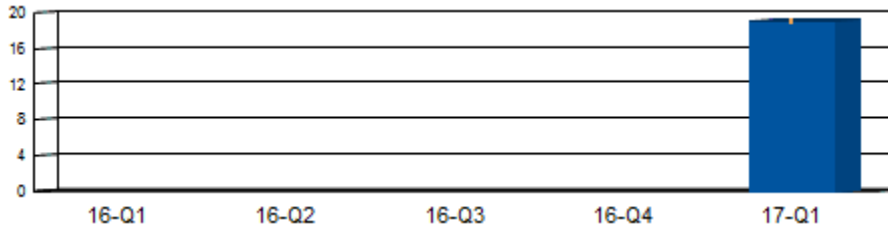
Target: Target 13/14 (1/0 = Yes/No) Perf. Corridor: Red No Yellow N/A Green Yes, Target 14/15 (1/0 = Yes/No) Perf. Corridor: Red 0 Yellow N/A Green 1(1 = Yes 0 = No), Target 15/16 (1/0 = Yes/No) Perf. Corridor: Red 0 Yellow N/A Green 1(1 = Yes 0 = No), Target 16/17 = 100% Perf. Corridor: Red "No", Yellow "In progress", Green "Yes".

Q1 FY2017 Strategy Performance Indicators Report

Finance

KGH is a top operational performer amongst Ontario teaching hospitals

Indicator: 19 of 19 QBPs have a completed process analysis with recommendations for change



	Actual	Target
16-Q1		
16-Q2		
16-Q3		
16-Q4		
17-Q1	19	19

Describe the tactics that were implemented in this quarter to address the achievement of the target:

This year, KGH is responsible for achieving volume targets for 19 QBPs. Where our costs are higher than funded rates for those procedures, we must find ways to maintain quality and improve cost efficiency. In Q1, we conducted a detailed efficiency analysis for each QBP, focusing on those with costs higher than funded rates, and prioritized the top three opportunities for cost efficiency.

Explain the current performance of the target. Where possible, translate statistics and numbers into plain language, focusing on the impact to patients and staff:

As of Q1, the QBP Steering Committee has overseen the efficiency analysis and recommended priority areas to be addressed by program-based QBP teams. In Q2, work is underway to develop specific tactics to improve cost efficiency within QBPs that are higher than funded rates. While these tactics are expected to bring all QBPs towards funded rates, the implementation of certain efficiencies will also create benefit other areas, EG: improving supply management in one surgical procedure will improve the cost efficiency of all surgical procedures.

Are we on track to meet the target by year end? If not, what new tactics are planned to ensure the target is met?

Yes, we are on track to meet our planned QBP efficiency milestones by Q4.

Definition: DATA: Decision Support - Michelle Howland & Alex Ungar COMMENTS: J. Lott EVP: Dr. David Zelt REPORT: STRATEGY REPORT

As part of our commitment to sustaining the financial health of our organization and be a top operational performer amongst our teaching hospital peers, we are aiming to ensure that Quality Based Procedures (QBPs) are effectively delivered in our hospital. QBPs are a key feature of the Ministry of Health and Long-Term Care's health system funding reform and have been introduced in clinical areas that demonstrate significant opportunity to introduce evidence into clinical pathways, reduce practice variation, attain cost efficiencies, and being to align quality with funding. This year, KGH is responsible for delivering a set volume of QBPs within set cost parameters in 19 of our clinical areas. To help us perform within the expected costs of our QBPs, we will conduct a detailed analysis of the cost elements for each QBP, identify and act on efficiency opportunities.

By 2018 KGH will be a top operational performer amongst Ontario teaching hospitals and we will have identified the top three efficiency opportunities for all Quality Based Procedures.

Target: Target 16/17: 100% Perf. Corridor: Red 0 - 11 QBPs, Yellow 12-14 QBPs, Green 15-19 QBPs

Q1 FY2017 Strategy Performance Indicators Report

Status:

N/A

Currently Not Available



Green-Meet Acceptable Performance Target



Red-Performance is outside acceptable target range and require



Yellow-Monitoring Required, performance approaching