

fiscal
2017-2018 **Q1**
1st quarter ended June 30, 2017

KHSC **this** quarter



Strategy **Performance** Report



Hôpital
Hotel Dieu
Hospital



Hôpital Général de
Kingston General
Hospital

Kingston Health
Sciences Centre

Centre des sciences de
la santé de Kingston

KHSC Strategy Performance Report Fiscal 2017-18

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Improve the patient experience through a focus on compassion and excellence

Outcome: KHSC is a top performer on the essentials of quality, safety, & service

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

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Enabling High Performance

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Enabling High Performance

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Enabling High Performance

Finance

Outcome: KHSC is a top operational performer amongst Ontario teaching hospitals

Strategic Performance Indicators

One hundred per cent of the available funded annual volumes will be completed by March 31, 2018 20

Enabling High Performance

Philanthropy





























































Outcome: KHSC has a viable plan to fund the local share of our Phase 2 redevelopment project

Strategic Performance Indicators

One hundred per cent of KHSC Board, executive and program medical directors participate in KHSC giving campaign 21

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Q1 FY2018 Strategy Performance Indicators Report

			18-Q1	18-Q2	18-Q3	18-Q4	19-Q1
Improve the patient experience through a focus on compassion and excellence	KHSC is a top performer on the essentials of quality, safety, & service	14 of 18 QIP indicator targets are met wherein KGH site meets or exceeds 6 of the 8 QIP indicator targets and HDH site meets or exceeds 8 out of 10 QIP indicator targets					
		Accreditation readiness plan meets quarterly milestones					
Improve the experience of our people through a focus on work-life quality	Our people are inspired and proud to be part of the KHSC community	Engagement plan meets quarterly milestones					
Enable clinical innovation in complex-acute and specialty care	KHSC is positioned as a leading centre for complex-acute & specialty care	Clinical innovation planning structure plan meets quarterly milestones					
Create seamless transitions in care for patients across our regional health-care system	KHSC is fully engaged with our community partners to support patients with complex-acute and chronic conditions	COPD: Seventy-five per cent of admitted patients with the most responsible diagnosis of COPD receive care based on standardized order-sets					
		Hip Fracture: Seventy-five per cent of admitted patients with the most responsible diagnosis of hip fracture receive care based on standardized order-sets					
		Palliative Care: One hundred per cent of patients admitted daily are screened for early Palliative Care treatment					
Maximize our education, research and academic health sciences potential	The Kingston-wide Health Research Institute is a legally incorporated entity with charitable status and approved for the purpose of scientific research and experimental development credits	Plan to create a Kingston-wide Health Research Institute meets quarterly milestones					
		The Competency-Based Medical Education (CBME) change management plan meets quarterly milestones					
Contribute to and support to a high-performing regional health-care system with our partners	KHSC is part of an integrated and sustainable regional health-care system	KHSC achieves \$1.25 million of integration-related savings					
People	Empower our people and patient partners to improve the patient experience	Work plan to implement a distributed-leadership structure meets quarterly milestones					
Technology	Rapid transmission of information improves care & operational efficiency	Strategic Technology project plans meet quarterly milestones					

			18-Q1	18-Q2	18-Q3	18-Q4	19-Q1
Facilities	Phase 2 redevelopment preliminary designs are complete	Plan to submit the Phase 2 functional program meets quarterly milestones	G	N/A	N/A	N/A	N/A
Finance	KHSC is a top operational performer amongst Ontario teaching hospitals	One hundred per cent of the available funded annual volumes will be completed by March 31, 2018	G	N/A	N/A	N/A	N/A
Philanthropy	KHSC has a viable plan to fund the local share of our Phase 2 redevelopment project	One hundred per cent of KHSC Board, executive and program medical directors participate in KHSC giving campaign	Y	N/A	N/A	N/A	N/A

	SPR		QIP		SAA	
	F18		F18		F18	
	Q1 %	Q1 #	Q1 %	Q1 #	Q1 %	Q1 #
R	0%	0	0%	0	32%	21
G Y	100%	15	80%	16	65%	43
N/A	0%	0	20%	4	3%	2
		15		20		66

Q1 FY2018 Strategy Performance Indicators Report

Improve the patient experience through a focus on compassion and excellence

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

Indicator: 14 of 18 QIP indicator targets are met wherein KGH site meets or exceeds 6 of the 8 QIP indicator targets and HDH site meets or exceeds 8 out of 10 QIP indicator targets



	Actual	Target
18-Q1	78.6	75

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-centredness, safety, and timeliness. This year, we submitted separate QIPs for each of our hospital sites. At the Kingston General Hospital site we are aiming to improve patient satisfaction with the information they receive from hospital staff after they leave the hospital, reduce readmission rates for patients with COPD and unnecessary time spent in acute care, increase the proportion of palliative patients who are discharged home with support and the proportion of patients receiving medication reconciliation upon admission, improve patient satisfaction with emergency care, reduce the incidence of hospital acquired pressure ulcers and reduce emergency department wait times. At the Hotel Dieu Hospital site we are aiming to help patients understand how to best manage their care by providing them with sufficient verbal and written information at their appointments, reduce readmission rates for patients with COPD, achieve high levels of patient satisfaction with ambulatory care and urgent care, ensure effective clinic utilization and timely communication with referring physicians following patients' clinic visits, increase the number of designated patients receiving medication reconciliation, and achieve wait time targets in the urgent care centre. For more information on our hospital QIPs, visit the KGH website or the HDH website.

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

All indicators identified in the Quality Improvement Plans (QIPs) at both sites of KHSC speak to the commitment of KHSC to improve 5 dimensions of patient care: effectiveness, efficiency, patient-centredness, safety, and timeliness.

Q1 effectiveness indicators illustrate that progress is being made at both sites of KHSC to reduce readmission rates of patients with chronic obstructive lung disease (COPD) by introducing evidence-based care processes across the SE LHIN for patients with COPD. A sample of clinic patients at the HDH site responded that they were provided with sufficient information at clinic appointment. Q1 results are not yet available to determine if patients at the KGH site felt they received enough information prior to discharge about what to do if they were worried about your condition or treatment after leaving the hospital.

Some Q1 indicators of efficiency were slightly below target: timely communication with referring doctors at the HDH site and alternate level of care (ALC) days at the KGH site. Clinic utilization at the HDH site was on target. Performance will continue to be monitored and improvement opportunities identified.

Data for three patient-centredness indicators was not yet available from standardized patient experience surveys. However, targets were met for two indicators: % of palliative care patients discharged from hospital with the discharge status "Home with Support" (KGH site) and patient satisfaction with care received in a sample of clinics at the HDH site.

Patient safety indicators at both sites of KHSC emphasize medication reconciliation which is an effective way of reducing medication discrepancies; thereby, enhancing patient safety. Some Q1 medication safety indicators were slightly below target. Medication reconciliation processes have been established. They, along with supporting communication strategies will continue to be reviewed and communicated to ensure compliance.

Q1 targets at both sites that reflect timely access to care were achieved: total ED length of stay (KGH site) wait times in the Urgent Care Centre (HDH site).

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

Definition: DATA: Decision Support - Alex Ungar COMMENTS: Janine Schweitzer EVP: Brenda Carter REPORT: STRATEGY INDICATOR

Achieve or exceed seventy-five percent of KGH and HDH QIP targets overall.

Target: Target 17/18: 75% Perf. Corridor: Red <=9 indicators, Yellow 9 - 12 indicators, Green >= 13 indicators.

Q1 FY2018 Strategy Performance Indicators Report

Improve the patient experience through a focus on compassion and excellence

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

Indicator: Accreditation readiness plan meets quarterly milestones



	Actual	Target
18-Q1	1	1

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

Accreditation is a voluntary process that allows health-care providers to assess every aspect of health care and service against national standards of excellence. Both our Kingston General Hospital and Hotel Dieu Hospital sites received the Accredited with Exemplary Standing during our last Accreditation Canada surveys. This means that our organizations have surpassed stringent national standards of quality and quality improvement in terms of governance, clinical leadership, people, processes, information, and performance. We are scheduled to undergo our next survey in the spring of 2018. This represents a unique opportunity for KHSC to use the Accreditation Canada standards as a way of unifying clinical areas across both hospital sites around common standards of excellence.

Document review from prior HDH and KGH accreditation surveys was completed. Accreditation coordinator confirmed preliminary accreditation survey details with Accreditation Canada, e.g. which standards will be used, which services are offered at both sites. A high-level accreditation readiness plan and time line was developed and endorsed by KHSC Executive. A preliminary high-level list of risks and concerns was discussed with Executive. An Accreditation Communication Plan was developed in conjunction with Strategy Management and Communications. A Patient Safety Quality and Risk (PSQR) accreditation coordination team was established; regular meetings were scheduled. Accountabilities were established for accreditation team leads, executives, and PSQR. Leads for accreditation standards and Patient Safety ROPs were confirmed. Meetings occurred between Accreditation Coordinator and team/ROP leads.

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

100% of the Quarter 1 milestones were achieved.

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.

Definition: DATA: Janine Schweitzer COMMENTS: Janine Schweitzer EVP: Brenda Carter REPORT: STRATEGY INDICATOR

KHSC uses Accreditation Canada standards to learn, improve and model excellence. Accreditation is a voluntary process that allows health-care providers to assess every aspect of health care and service against national standards of excellence. Both our Kingston General Hospital and Hotel Dieu Hospital sites received the Accredited with Exemplary Standing during their last Accreditation Canada surveys. This means that our organizations have surpassed stringent national standards of quality and quality improvement in terms of governance, clinical leadership, people, processes, information, and performance. We are scheduled to undergo our next survey in April 2018. This represents a unique opportunity for leaders, staff, and physicians from KHSC to use the Accreditation Canada standards of excellence to come together to achieve a common goal.

Deliverables/Milestones:

Q1: 100% of the Quarter 1 milestones will be achieved (from workplan). Complete tactic plan.

Q2: 100% of the Quarter 2 milestones will be achieved (from workplan). Promote accreditation awareness, e.g. walkabouts, articles; Teams and ROP leads complete self-assessments; identify unmet, partially met standards, ROPs; develop action plans

Q3: 100% of the Quarter 3 milestones will be achieved (from workplan). Promote survey readiness, e.g. walkabouts; Teams and ROP leads implement action plans; monitor progress.

Q4: 100% of the Quarter 4 milestones will be achieved (from workplan). KHSC community is prepared for their roles in the accreditation survey; survey is organized; all Accreditation Canada logistical requirements are met.

Target: Target 17/18: 100% of tactic workplan Perf. Corridor: Red No = 0 , Yellow In progress = BLANK with Yellow Status , Green Yes = 1.

Q1 FY2018 Strategy Performance Indicators Report

Improve the experience of our people through a focus on work-life quality

Our people are inspired and proud to be part of the KHSC community

Indicator: Engagement plan meets quarterly milestones



	Actual	Target
18-Q1	1	1

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

We did not conduct a survey in the first quarter, however, results of these prior surveys have identified opportunities for improvement with respect to cultivating a safe, healthy, and caring work environment. This quarter we began our focus on creating an integrated engagement strategy. We began looking at how to obtain more 'real time' engagement feedback, the synergies between employees, physicians, and volunteers, and how we might conduct department and program specific surveys to get a more holistic picture of engagement across our teams. Once we have finalized our integrated engagement strategy we will launch a new engagement program aimed at creating a KHSC community that people are proud and inspired to be part of.

In the first quarter it was confirmed that there is no requirement for a corporate engagement survey for 2 years from April 1, 2017 given that KHSC is a new organization. Therefore, data extracted from past individual site engagement surveys will be utilized for accreditation until a new KHSC engagement strategy has been established. In addition, an environmental scan has been undertaken to identify potential options going forward. It was determined that there were similar areas of development and gaps between the KGH and HDH sites, such as education/training, recognition, senior management acting on feedback, looking forward to going to work and career development. Targets have been developed for the corporate engagement plan that will focus on a new integrated strategy. Next steps include completing the tactic planning and engaging staff, physicians and volunteers to seek feedback on the future state.

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

Research suggests that a highly engaged workforce benefits patients and leads to better patient outcomes while improving overall organizational performance. An engaged employee can provide significantly more discretionary effort i.e. "doing whatever it takes" to complete work tasks that ultimately can have a positive impact on results. Studies have shown that employee engagement decreases during times of significant change (such as during a merger or integration) and these effects may linger. For transformation, organizational leaders drive engagement by keeping an open two-way dialogue so people feel their input is valued.

Healthcare organizations are required to conduct care provider and staff satisfaction surveys at least every 2 years. These employee, physician or volunteer experience surveys measure workplace engagement, identify opportunities for improvement with respect to cultivating a safe, healthy, and caring work environment. We have prior KGH and HDH site surveys, so this year our focus is to create an integrated engagement strategy that explores the current state of engagement, our teams, the factors and influences in our external landscape to help us understand the best way to move forward as a new health sciences centre.

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.

Definition: DATA: Mary Myers, Chris Gillies, Jill Holland-Reilly COMMENTS: Micki Mulima EVP: Sandra Carlton REPORT: STRATEGY INDICATOR

Develop an integrated engagement strategy that supports a safe, healthy and caring work environment.

Target: Target 17/18: 100% of tactic workplan Perf. Corridor: Red No = 0 , Yellow In progress = BLANK with Yellow Status , Green Yes = 1.

Q1 FY2018 Strategy Performance Indicators Report

Enable clinical innovation in complex-acute and specialty care

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

Indicator: Clinical innovation planning structure plan meets quarterly milestones



	Actual	Target
18-Q1	1	1

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

Clinical innovation will help us transform complex-acute and specialty care services in response to changes in our healthcare system and current and projected population health demographics. It will help us to align our resources to meet the needs of patients and families today and into the future. It will also help us to prioritize and invest in the cutting edge tools, approaches, partnerships, and services that deliver efficient, effective, and high quality care. This year, we will develop and implement a clinical innovation planning structure for KHSC that will help us continually align and integrate with all parts of our rapidly evolving regional healthcare system to deliver comprehensive, high quality care to the residents of southeastern Ontario.

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 plan is to select an Innovation Lead for KHSC and then to align that Innovation Lead with the Physician Advisory Council and KHSC Executive to help focus innovative solutions - technical solutions, new models of care and new treatments - toward the current and future challenges facing KHSC.

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. Preliminary discussions have taken place with a promising potential leader. The leader will likely be confirmed by the end of Sept 2017. Progress is being made also on selection of the Physician Advisory Committee, which will likely be in place by October 2017.

Definition: DATA: Mike Fitzpatrick COMMENTS: Mike Fitzpatrick EVP: Mike Fitzpatrick REPORT: STRATEGY INDICATOR

Implement a clinical innovation planning structure that informs the KHSC long-term strategy.

Target: Target 17/18: 100% of tactic workplan Perf. Corridor: Red No = 0, Yellow In progress = BLANK with Yellow Status, Green Yes = 1.

Q1 FY2018 Strategy Performance Indicators Report

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

KHSC is fully engaged with our community partners to support patients with complex-acute and chronic conditions

Indicator: COPD: Seventy-five per cent of admitted patients with the most responsible diagnosis of COPD receive care based on standardized order-sets



	Actual	Target
18-Q1	1	1

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

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 continue to work with our regional partners to implement and measure the effectiveness of clear pathways across the entire continuum of care for patients with chronic obstructive pulmonary disease, hip fractures and life-limiting illnesses who require palliative care.

This year, we will continue to work with our regional partners to implement and measure the effectiveness of clear pathways across the entire continuum of care for patients with chronic obstructive pulmonary disease.

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

In Q1, we worked to develop the order set by involving different sectors including Canadian Foundation for Healthcare Improvement & the Inspired Team from Ottawa to present the Inspired Plan & learn from their experiences.

In Q2, we will launch the acute admission order set for COPD and work on drafting the critical care ventilated COPD patient order set for team review.

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

We are on track with our deliverables to meet the target that was set for this fiscal year. A digital order set for COPD admissions has been approved for KHSC in the last month.

Definition: DATA: Decision Support COMMENTS: Silvie Crawford EVP: Mike Fitzpatrick REPORT: STRATEGY INDICATOR

Continue to implement and measure the effectiveness of care pathways for chronic obstructive pulmonary disease, hip fractures and palliative care.

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 continue to work with our regional partners to implement and measure the effectiveness of clear pathways across the entire continuum of care for patients with chronic obstructive pulmonary disease, hip fractures and life-limiting illnesses who require palliative care.

Deliverables/Milestones:

In Q1, we will work to develop the order set by involving different sectors including Canadian Foundation for Healthcare Improvement & the Inspired Team from Ottawa to present the Inspired Plan & learn from their experiences.

In Q2, we will launch the acute admission order set for COPD and work on drafting the critical care ventilated COPD patient order set for team review.

In Q3, we will address the gaps in care across the region and develop key strategies to address; we will develop metrics focusing on quality of care & quality of life; and we will work on order sets for other phases of COPD care (ED, discharge planning & discharge follow up).

In Q4, we will finalize the order sets & implement the pathway for 75% of patients presenting with COPD (Q4 performance corridor: Red <50% , Yellow 51-74% , Green >=75%).

Target: Target 17/18: 100% of tactic workplan Perf. Corridor: Red No = 0 , Yellow In progress = BLANK with Yellow Status , Green Yes = 1.

Q1 FY2018 Strategy Performance Indicators Report

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

KHSC is fully engaged with our community partners to support patients with complex-acute and chronic conditions

Indicator: Hip Fracture: Seventy-five per cent of admitted patients with the most responsible diagnosis of hip fracture receive care based on standardized order-sets



	Actual	Target
18-Q1	1	1

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

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 continue to work with our regional partners to implement and measure the effectiveness of clear pathways across the entire continuum of care for patients with chronic obstructive pulmonary disease, hip fractures and life-limiting illnesses who require palliative care.

This year, we will continue to work with our regional partners to implement and measure the effectiveness of clear pathways across the entire continuum of care for patients presenting with hip fractures. This work includes a standardized pre and post surgery order set for patients with hip fractures.

At KHSC, we have an order set for patients presenting with hip fracture and we use it consistently but there are process differences across the SE LHIN for patients presenting with hip fracture.

We are collaborating with our regional partners to develop one standardized order set for use across the SE LHIN.

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

In Q1 we reviewed and assessed clinical frailty scales to determine the best scale to adopt regionally; standardize the assessment forms and develop education materials.

In Q2, the team will finalize the transfer of care model including criteria for transporting patients across sites and work with Criticall Ontario to update a hip fracture agreement.

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

We are on track to meet the target for this fiscal year. In Q3, a pilot project will be done including implementation of the order set based on the provincial QBP digital order set and the KHSC pre & post surgery order sets.

Definition: DATA: Decision Support COMMENTS: Silvie Crawford EVP: Mike Fitzpatrick REPORT: STRATEGY INDICATOR

Continue to implement and measure the effectiveness of care pathways for chronic obstructive pulmonary disease, hip fractures and palliative care.

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 continue to work with our regional partners to implement and measure the effectiveness of clear pathways across the entire continuum of care for patients with chronic obstructive pulmonary disease, hip fractures and life-limiting illnesses who require palliative care.

Deliverables/Milestones:

Q1 we will review and assess clinical frailty scales to determine the best scale to adopt regionally; standardize the assessment forms and develop education materials

Q2: In Q2, the team will finalize the transfer of care model including criteria for transporting patients across sites and work with Criticall Ontario to update a hip fracture agreement

Q3: In Q3, a pilot project will be done including implementation of the order set based on the provincial QBP digital order set and the KHSC pre & post surgery order sets

Q4, we will implement the clinical pathway for 75% of patients presenting with hip fracture (Q4 Perf. Corridor: Red <50% , Yellow 51-74% , Green >=75%).

Target: Target 17/18: 100% of tactic workplan Perf. Corridor: Red No = 0 , Yellow In progress = BLANK with Yellow Status , Green Yes = 1.

Q1 FY2018 Strategy Performance Indicators Report

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

KHSC is fully engaged with our community partners to support patients with complex-acute and chronic conditions

Indicator: Palliative Care: One hundred per cent of patients admitted daily are screened for early Palliative Care treatment



	Actual	Target
18-Q1	1	1

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

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 continue to work with our regional partners to implement and measure the effectiveness of clear pathways across the entire continuum of care for patients with chronic obstructive pulmonary disease, hip fractures and life-limiting illnesses who require palliative care.

Phase 1 of the initiative includes developing a search strategy to review daily admissions to KHSC to assess each against triggers embedded in the Palliative Care Pathways. Phase 1 is designed to validate triggers as well as determine an order of magnitude clinical demand for access to Palliative Care that will be created once active patient assessment is launched in Phase 2 (Q3). In Q1, the search strategy in Phase 1 was finalized for the downloading of daily admissions.

Case Finding commenced May 15th. A Research Associate was trained on pathways (triggers) and the process for screening the daily admissions. Search strategy was further refined to exclude admissions related to pediatrics, obstetrics and newborns. It continues to be refined as we progress.

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 Palliative Care Pathways project is on track. Specifically, 2,383 KGH admissions were screened May 15th - June 30; 269 (11.29%) patients met one or more of the pathway triggers and would benefit from palliative care; 48 (2%) patients identified with "other advanced life limiting illness" but that are out of scope for the designed pathways (unintended outcome and of benefit to KHSC future pathway work).

On a daily basis, an average of 5 new cases are identified as patients who will benefit from a palliative care approach concurrent to disease management or a referral to Palliative Medicine. The significance of this finding will allow appropriate clinical resource planning to meet the needs of patients who are identified as needing palliative care at KHSC.

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 continue to follow our tactic and project plan. We are continuing to case find at the same time as introducing new expertise to the Palliative Medicine team, knowledge translation of palliative care tools and integration of continuum of care services.

Q1 FY2018 Strategy Performance Indicators Report

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

KHSC is fully engaged with our community partners to support patients with complex-acute and chronic conditions

Definition: DATA: Christine Knott COMMENTS: Brenda Carter EVP: Brenda Carter REPORT: STRATEGY INDICATOR

One hundred per cent of patients admitted daily to KGH will be screened to identify people who would benefit from early Palliative Care treatment through the use of triggers embedded in the clinical pathways designed for advanced: COPD/ILD, CHF, CKD/Renal Failure, and Metastatic Cancer - specifically breast, lung, colon and pancreas

Continue to implement and measure the effectiveness of care pathways for chronic obstructive pulmonary disease, hip fractures and palliative care.

Deliverables/Milestones:

Q1: Case Finding Phase I: testing pathway triggers and electronic database developed specifically for the Palliative Care redesign and includes only inpatient admissions.

Q2: (i) Recruit a Palliative Care-NP for a 2 year term position, with concentration of work on inpatient units.

(ii) Continued daily screening of new admissions using pathways and triggers to flag appropriate cases for Palliative Medicine consultation or palliative care approach (indicator states 100% compliance).

Q3:(i) Introduce the Palliative Performance Scale (PPS) to KHSC Inpatient Units.

(ii) Initiate linkage and lead the development of a proof of concept initiative to ensure a continuum of palliative care provision by Primary Care and the SE LHIN Home and Community Care.

Q4: (i) Summarize and report results for FY 2017-18.

(ii) Develop a process and implementation plan for spread of pathways to targeted ambulatory care clinics.

(iii) Q4 Target 17/18: 100% Perf. Corridor: Red <70% , Yellow 71-90% , Green >=90%.

Target: Target 17/18: 100% of tactic workplan Perf. Corridor: Red No = 0 , Yellow In progress = BLANK with Yellow Status , Green Yes = 1.

Q1 FY2018 Strategy Performance Indicators Report

Maximize our education, research and academic health sciences potential

The Kingston-wide Health Research Institute is a legally incorporated entity with charitable status and approved for the purpose of scientific research and experimental development credits

Indicator: Plan to create a Kingston-wide Health Research Institute meets quarterly milestones



	Actual	Target
18-Q1	1	1

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

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

A new Integrated Kingston Health Research Institute (IRI) will be able to leverage economies of scale, combine resources and develop priorities that should lead to greater optimization of financial resources, stronger research outcomes and greater visibility for health research in Kingston. This formal partnership between the Kingston hospitals and Queen's will be the first of its kind in Canada. Over the last three years, Ernst & Young (EY) have been working with the university and hospital academic partners outlining the essential steps to operationalize a new research entity (Phase 1) and creating a detailed design of the IRI (Phase 2).

The three original Hospital boards (Kingston General Hospital, Hotel Dieu Hospital and Providence Care) and Queen's Board of Trustees gave approval in Fiscal 2017, to proceed with establishing the IRI as a non-share capital corporation with charitable status and to develop draft operating, partnership and affiliation agreements to be presented to the now two Hospital Boards (Kingston Health Sciences Centre and Providence Care) and Queen's Board of Trustees for approval in the Fall of 2017. Pending approval, permission will be requested to proceed with developing the documentation necessary to file for CRA accreditation as an approved research institute for the purposes of Federal and Provincial tax credits.

In Q1, endorsement and approval was obtained from the two Hospital CEOs and Queen's Faculty of Health Sciences' Dean to rehire EY to assist with the creation of the new IRI (Phase 3). A local IRI project management team was identified to work with EY and the IRI's Phase 3 initiatives and activities were identified in a detailed work plan.

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 the end of Q1, we have implemented all milestones we planned to achieve during this quarter. Once operational, the IRI will support growth and success in key areas of research, facilitate the recruitment and retention of top-notch clinical and non-clinical scientists, as well as the brightest students, and trainees. The IRI will also be a major contributor to the sustainability of health research in Kingston. The Kingston hospitals and Queen's University have a long history of research collaboration but in today's competitive research landscape, the need for strategic partnerships that go beyond traditional research collaborations has become essential. To continue to produce world-class, collaborative research academic health sciences centres need to evolve and come together to ensure competitiveness and sustainability, advance innovation, transform and intensify research prominence, and have an impact on health systems.

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.

Q1 FY2018 Strategy Performance Indicators Report

Maximize our education, research and academic health sciences potential

The Kingston-wide Health Research Institute is a legally incorporated entity with charitable status and approved for the purpose of scientific research and experimental development credits

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

KHSC meets commitments to support the creation of Kingston-wide Health Research Institute. The Kingston-wide Health Research Institute is a legally-incorporated entity with charitable status and approved for the purposes of Scientific Research and Experimental Development Credits.

The Kingston General Health Research Institute (KGHRI) and the Hotel Dieu Hospital Kingston Research Institute (HDHkRI) are the two research arms of the Kingston Health Sciences Centre (KHSC). KGHRI and HDHkRI are dedicated to building innovative partnerships and pursuing research excellence through a collaborative approach that leverages the combined strengths of our partners, Queen's University (Queen's) and Providence Care (PC). This year, KHSC is engaged in an initiative with Queen's and PC to establish a unified Kingston-wide Health Research Institute in which we can all work together to generate and translate new knowledge into effective therapies, treatments and best practices that will benefit patients everywhere. This formal partnership between KHSC, Queen's, and PC will be the first of its kind in Canada.

Deliverables/Milestones:

Q1: Endorsement and approval from Hospital CEOs and Queen's FHS Dean to hire Ernst & Young (EY) to assist with the creation of the new Kingston-wide Health Research Institute (IRI). Local IRI project management team identified to work with EY. IRI's Phase 3 initiatives and activities identified in a work plan.

Q2: IRI working groups identified and established. Detailed financial contribution analysis and IRI budget completed. Strategic governance model completed. Draft partnership, affiliation, intellectual property (IP), and operating agreements for IRI completed. IRI's draft strategic plan and stakeholder engagement completed.

Q3: New IRI is formed and is a legally-incorporated entity by Corporations Canada. Submission to CRA for IRI's charitable status completed. IRI draft partnership, affiliation, IP operating, & other identified service level agreements submitted to Hospital Boards and Queen's Board of Trustees for approval. Fundraising strategy and campaign kick-off under development.

Q4: Endorsement and approval from Hospital Boards and Queen's Board of Trustees to move forward with signing IRI agreements. Initial transfer of assets to IRI starts. Communication plan rolled out to broader research community and public about IRI.

Target: Target 17/18: 100% Perf. Corridor: Red No = 0 , Yellow In progress = BLANK with Yellow Status , Green Yes = 1.

Q1 FY2018 Strategy Performance Indicators Report

Maximize our education, research and academic health sciences potential

Patients, families and staff contribute to medical education in all areas of KHSC through participation in competency based medical education

Indicator: The Competency-Based Medical Education (CBME) change management plan meets quarterly milestones



	Actual	Target
18-Q1	1	1

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

Each year, Kingston Health Sciences Centre welcomes more than 100 medical residents who spend several years with us, caring for patients at both sites, while completing their training to become full physicians. This year, they will be trained and assessed using a new model called competency-based medical education (CBME); Queen's University is the first school in North America to implement it across all of its specialty programs at once. In this new system, residents will be promoted not based on the amount of time they spend in each clinical rotation, but rather when they have achieved competency in the clinical tasks and activities expected of them at each stage of their training. Over the course of the year, KHSC will work together with Queen's School of Medicine to implement the new model, respond to feedback and continuously improve the system.

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 CBME change management plan has been very active in the year preceding its introduction on July 1st 2017. The wireless infrastructure provided by the hospital for electronic reporting of performance is functioning satisfactorily.

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 - The introduction of this large scale change in postgraduate education has, to date, been more seamless than could have been envisaged. All Queen's postgraduate training programs simultaneously implemented the CBME approach on July 1st, 2017.

Q1 FY2018 Strategy Performance Indicators Report

Maximize our education, research and academic health sciences potential

Patients, families and staff contribute to medical education in all areas of KHSC through participation in competency based medical education

Definition: DATA: Mike Fitzpatrick COMMENTS: Mike Fitzpatrick EVP: Mike Fitzpatrick REPORT: STRATEGY INDICATOR

KHSC implements the in-hospital components of Competency-Based Medical Education (CBME) and develops a framework to evaluate the application of the CBME principles within inter-professional education.

Each year, Kingston Health Sciences Centre welcomes more than 150 medical residents who spend several years with us, caring for patients at both sites, while completing their training to become full physicians. This year, they will be trained and assessed using a new model called competency-based medical education (CBME); Queen's University is the first school in North America to fully implement it across all of its specialty programs at once. In this new system, residents will be promoted not based on the amount of time they spend in each clinical rotation, but rather when they have achieved competency in the clinical tasks and activities expected of them at each stage of their training. Over the course of the year, KHSC will work together with Queen's Faculty Health Sciences, Postgraduate Medical Education (PGME) to implement the new model, respond to feedback and continuously improve the system.

Deliverables/Milestones:

Q1: -Implementation of WiFi at HDH site and an enhanced dedicated WiFi network at KGH site for Physicians and Residents so they can use point in time multi source feedback assessments within the clinical settings on mobile devices
- Formation of communication steering committee to oversee communications to all stakeholders

Q2: - Launch of CBME with PGY1 Residents on July 1, 2107
-Confirmation that we are on target with Queen's and feedback from PGME Program Directors
-Submission for UHKF Patients and Family Funding Grant for developing patient feedback/evaluation process of Residents
-Preparation of PGME Accreditation in March 2018

Q3: Multi source feedback Plan - Establish a process for Nursing and Allied Health to be included in the assessment process of residents, to align with the front line faculty/physician process
-Preparation for PGME Accreditation in March 2018 (continued)

Q4: -Establish plan for Patient and Family feedback/evaluation of residents
-PGME Accreditation Review March 2018
-Evaluation of Year one CBME

Target: Target 17/18: 100% of tactic workplan Perf. Corridor: Red No = 0 , Yellow In progress = BLANK with Yellow Status , Green Yes = 1.

Q1 FY2018 Strategy Performance Indicators Report

Contribute to and support to a high-performing regional health-care system with our partners

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

Indicator: KHSC achieves \$1.25 million of integration-related savings



	Actual	Target
18-Q1	0.993	1.25

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

As part of our business case for integrating KGH and HDH to form our new Kingston Health Sciences Centre, we targeted a financial savings of \$3.7 million over three years. This year, we are aiming to achieve \$1.25 million of those savings by streamlining our operations in a few key areas. We will conduct an IT systems review that will help us to harmonize our corporate information systems such as payroll, human resource and financial management systems. And, we will continue to review our departments and processes across both sites to identify additional opportunities to integrate our corporate services and find operational efficiencies.

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

For Q1, currently tracking at \$993K in savings compared to annual target of \$1.25M. These are savings that will be re-directed into patient care at KHSC.

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

On track to meet annual target of \$1.25M in savings for 2017/18 as other savings items are being identified.

Definition: DATA: Steve Miller COMMENTS: Steve Miller EVP: David Pichora REPORT: STRATEGY INDICATOR

As part of our business case for integrating KGH and HDH to form our new Kingston Health Sciences Centre, we targeted a financial savings of \$3.7 million over three years. This year, we are aiming to achieve \$1.25 million of those savings by streamlining our operations in a few key areas. We will conduct an IT systems review that will help us to harmonize our corporate information systems such as payroll, human resource and financial management systems, and we will continue to review our departments and processes across both sites to identify additional opportunities to integrate our corporate services and find operational efficiencies.

Deliverables/ Milestones:

Q1: Complete tactic plan. Identify \$1.25M million in integration related savings for 2017-18. Ongoing review of committee needs of KHSC, including Executive Committee, Strategic Operations Committee, and other operational/MAC committees.

Q2: IT project management team will meet and conduct needs analyses with HR, finance, payroll, and communications teams to guide the prioritization exercise. I.T. core infrastructure integration review. Launch budget review process to identify savings for 2018-19. Creation of workplan to guide the inaugural KHSC strategy development process.

Q3: Executive team will prioritize the final list of technology projects, and detailed project plans will be finalized for each. Complete lab integration with Brockville (timing TBC with PMO). Strategy development: first wave of stakeholder engagement consultation and develop high level strategy framework as a basis for further consultation in Q4.

Q4: Kick off of each priority project; engage consultants by March 31. Identify \$1.25 million in savings and a list of priority projects for 2018-19. Strategy development: second wave of stakeholder consultation to validate strategic directions. (Target 17/18: 100% Perf. Corridor: Red No , Yellow In progress , Green >=\$1M savings)

Target: Target 17/18: 100% of tactic workplan Perf. Corridor: Red No = 0 , Yellow In progress = BLANK with Yellow Status , Green Yes = 1.

Q1 FY2018 Strategy Performance Indicators Report

People

Empower our people and patient partners to improve the patient experience

Indicator: Work plan to implement a distributed-leadership structure meets quarterly milestones



	Actual	Target
18-Q1	1	1

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

This quarter our focus was to assess, design, and begin to implement a more distributed-leadership structure.

In the first quarter new corporate structures and organizational charts were developed and solidified in administrative, support and clinical areas to better align programs and services which in turn will support improved decision making. Leaders across KHSC were engaged in preliminary consultations to determine the possibility of creating a directors table to ensure decision-making is occurring at the right place with the right people. A clinical ethicist was hired for the KGH site to consult and support ethical decision-making and discernment for clinical teams. A review of the committee structures and available data was undertaken, including engagement survey results to inform the path forward and to develop targets to measure performance. The leadership development plan and opportunities were reviewed with a lens of KHSC current and future needs. Our first KHSC Leadership Celebration took place, which received very positive feedback. The opportunity for getting to know colleagues from each site and networking were rated highly. The keynote speaker, Dr. Ivan Joseph, spoke about building high performing teams, team cohesion, setting expectations and your transcendent purpose.

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

Creating a workplace where people feel empowered will improve the patient experience at KHSC. This means creating a leadership model that drives collaboration and ensures good decisions are made closer to those who are accountable and poised to implement. This year, we will design, implement, and support a distributed-leadership structure with decision-making forums and frameworks that provide role clarity and enable people to perform to the full scope of their decision-making responsibilities. These improvements are consistent with building trust in an organization, engagement and as the KHSC became a larger entity, supports more nimble decision-making, role clarity, efficiency and potential for innovation.

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.

Definition: DATA: Mary Myers COMMENTS: Micki Mulima EVP: Sandra Carlton REPORT: STRATEGY INDICATOR

Implement a distributed-leadership structure that enhances collaboration and decision-making.

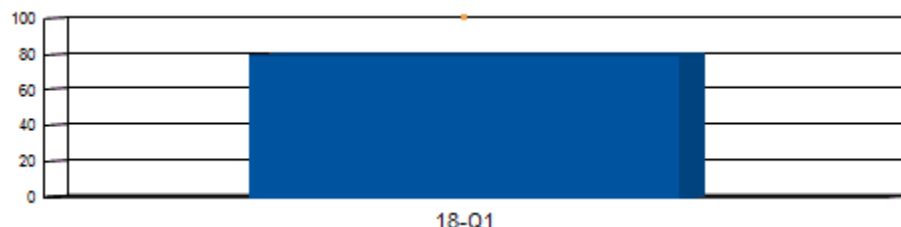
Target: Target 17/18: 100% Perf. Corridor: Red No = 0, Yellow In progress = BLANK with Yellow Status, Green Yes = 1.

Q1 FY2018 Strategy Performance Indicators Report

Technology

Rapid transmission of information improves care & operational efficiency

Indicator: Strategic Technology project plans meet quarterly milestones



	Actual	Target
18-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 in order to strengthen our health care delivery in southeastern Ontario; continuing our partnership with the SE LHIN on the electronic workflow and communications with community care partners; implementing Wi-Fi service at the Hotel Dieu site to enable our new medical education model, clinical practice and an improved patient experience; enabling technologies to support our Kingston Health Sciences Centre integration by consolidating core IT infrastructure and developing a plan for back-office business systems such as Finance, Payroll, Human Resources and web communications.

A regional Hospital Information System (HIS) Value Based Analysis (VBA) is underway to determine the clinical and financial value within the SE LHIN. This project will provide costing for two key scenarios: a regional vendor model with one system shared across the region and a two-hub model where two systems will be shared regionally. The plan is to complete the VBA by the end of Q3.

The Health Information System (HIS) Value Based Analysis is progressing well. In order to address the question of affordability, the project team is currently working with hospital CFOs to consider full project costs, financing options and cost sharing models to support an HIS implementation. CFO workshops have been scheduled for July and August in order to have the relevant financial planning information ready in time for a Board Retreat meeting at the end of Q2. Concerns were raised relative to summer vacations which could cause timelines to shift beyond September. Discussions are underway to assess whether deliverables need to be extended and if so, approvals will have to be obtained. KHSC is fully committed to moving forward with an HIS. In anticipation of moving forward, the organization proactively set aside a significant portion of IT Capital funds since F13. At this time, including the F18 allocation, KHSC's HIS capital fund sits at \$15M.

Communications between Home and Community Care (HCC - formerly CCAC) and KHSC require improvements to provide better patient care and increase patient satisfaction. A project to address these shortcomings has been initiated and will utilize technical solutions to better integrate the transmission of patient data between HCC and KHSC. The goal of this project is to have it completed and closed by the end of Q4. In terms of progress, the executive sponsors finalized the project scope in April which helped to determine the project completion date for the eNotification phase (scheduled for Q2). The eReferral phase of the project is currently undergoing a planning exercise that is aiming to be completed by the end of August at which point technical development could begin. The project team is currently addressing resource constraints within the third party organization Health Shared Services Ontario (HSSO) as they do not have the resources at this time to support the data integration within their system. The project is flagged as yellow as it needs to establish a commitment with HSSO in order to complete eReferral planning and an agreed upon go live.

An HDH Wi-Fi project was initiated in F'17 to meet the needs of visiting users to the HDH site and learners/supporting staff in the use of the competency-based medical education (CBME) technology. In addition, a new Wi-Fi will positively impact future adoption of technology and medical equipment at the HDH site. The goal of this project is to have it completed and closed by the end of Q3. The project's execution phase was nearing completion at the end of Q1 with a project go-live scheduled for July 4. Closing phase activities will commence in Q2, post go-live, and conclude with the transition to operations of the ongoing delivery of Wi-Fi services.

The KHSC integration created the need to select a portfolio of technology projects in order to address the needs of the new organization. One of the projects will be focused on the integration of IT infrastructure enabling KHSC to leverage a single Email, Active Directory domain and technology architecture. The goal of this project is to have it completed and closed by the end of Q4. IT leadership has been engaged and the project initiation activities are progressing according to plan.

A second integration priority focuses primarily on supporting the identification and planning of Stage 2 KHSC Business Systems integration priorities for Finance, People Services and Strategy Management/ Communications. The goal is to have a subset of projects identified and planned by the end of Q4. In terms of progress, all of the groups above have been engaged and project initiation activities are progressing according to plan.

Q1 FY2018 Strategy Performance Indicators Report

Technology

Rapid transmission of information improves care & operational 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:

Within the Corporate Strategy program, 4 of the 5 projects are green indicating progress is on schedule and budget. The Home & Community Care Referral project is experiencing delays related to the technical interface work by the provincial agency responsible. An escalation is underway with the HSSO agency by the SE LHIN project sponsor. A risk mitigation plan has been approved allowing for a multi-phase roll-out of the solution without full HSSO integration if required.

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

We are currently on track to meet the delivery target of all 5 strategic projects by year end.

Definition: DATA: Dino Loricchio COMMENTS: Dino Loricchio EVP: Troy Jones REPORT: STRATEGY INDICATOR

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 in order to strengthen our health care delivery in southeastern Ontario; continuing our partnership with the SE LHIN on the electronic workflow and communications with community care partners; implementing WiFi service at the Hotel Dieu site to enable our new medical education model, clinical practice and an improved patient experience; enabling technologies to support our Kingston Health Sciences Centre integration by consolidating core IT infrastructure and developing a plan for back-office business systems such as Finance, Payroll, Human Resources and web communications.

Deliverables/Milestones:

Q1: HDH wifi goes live

Q2: WiFi close-out; HCC eNotification phase live

Q3: Integration IT Infrastructure Planning completed; HIS VBA Business Case ready for approval

Q4: HCC eReferral phase live + close-out; Integration Business Systems Planning completed; Integration IT Infrastructure live + close-out

Target: Target 17/18: 100% Perf. Corridor: Red <60% , Yellow 60% to 79% , Green >= 80%.

Q1 FY2018 Strategy Performance Indicators Report

Facilities

Phase 2 redevelopment preliminary designs are complete

Indicator: Plan to submit the Phase 2 functional program meets quarterly milestones



	Actual	Target
18-Q1	1	1

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

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 143,000 square feet at our KGH site. This year, we are aiming to submit the functional program for our Phase 2 redevelopment project to the Ministry of Health and Long-Term Care by the fall of 2017. Phase 2 includes plans for a brand new neonatal intensive care unit, labour and delivery facilities, labs and operating rooms.

A detailed work plan is in place to guide the development of the Stage 2 Phase 2 Functional Program to ensure on time completion for submission to SE LHIN and MOHLTC by end of September 2017. During Q1 F18:

1. User groups for the 5 priority areas, namely Emergency Department, ORs, laboratories, maternal child and IT Data Centre were active in developing the functional program requirements for Phase 2.
2. Displaced Functions planning process was started with Queen's and KHSC to address the requirements resulting from the demolition of Etherington Hall.
3. Furniture and equipment planning was initiated
4. Work on the block schematics by HDR Architects was started.
5. A work group was established to develop the Local Share Plan which is a critical component of the Stage 2 submission.

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

All activities identified on the Stage 2 Phase 2 work plan related to Q1 F18 are complete.

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

Definition: DATA: Allan McLuskie COMMENTS: Allan McLuskie EVP: Brenda Carter REPORT: STRATEGY INDICATOR

Safe, modern facilities are essential for leading-edge acute care, research, and teaching hospitals. The KGH site Phase 1 redevelopment project saw 170,000 square feet of new space added and an additional 143,000 square feet renovated. This year, we are aiming to submit the Stage 2 Functional Program for the Phase 2 Redevelopment project to the South East LHIN & Ministry of Health and Long-Term Care by the fall of 2017. Phase 2 includes: Surgical/Procedure Suites, Maternal Child (Labor and Delivery & NICU), Emergency Department, Clinical Laboratories and a new Data Centre. The project also includes the "Displaced Functions" within Queen's Etherington Hall & Richardson Labs along with Douglas, Dietary and Empire Wings, that will be demolished as part of Phase 2 Redevelopment.

Deliverables/Milestones:

Q1: Functional program development process underway, user groups formed, stakeholder communication and engagement plan developed

Q2: Completion of Stage 2 Functional Program, block schematics, cost estimates and Local Share Plan. Displaced Functions plans developed with Queen's University - Campus Planning for Queen's Etherington Hall including existing 300 seat Auditorium and displaced functions within Queen's Richardson Labs.

Q3: Board approval of the Stage 2 Functional Program submission including Local Share Plan. Functional Program submitted to the SE LHIN & MOHLTC. Active engagement with SE LHIN and MOHLTC to respond to questions and requests for information as Stage 2 submission is reviewed by both.

Q4: Approval from SE LHIN & MOHLTC on Stage 2 Functional Program submission. Approval by the SE LHIN & MOHLTC to move to Stage 3 Preliminary Design Development.

Target: Target 17/18: 100% Perf. Corridor: Red No = 0, Yellow In progress = BLANK with Yellow Status, Green Yes = 1.

Q1 FY2018 Strategy Performance Indicators Report

Finance

KHSC is a top operational performer amongst Ontario teaching hospitals

Indicator: One hundred per cent of the available funded annual volumes will be completed by March 31, 2018



	Actual	Target
18-Q1	98	100

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

As part of our commitment to improving access to high quality health care while sustaining the financial health of our organization, we aim to complete the full volume of services that we are funded to deliver this year. This includes all available cardiac and cancer surgeries, diagnostic imaging services, and Quality Based Procedures that we offer. When we meet our funded service volumes, we retain the full amount of funding that has been allocated to our health sciences centre, which enables us to maximize access to high-quality health care for patients in southeastern Ontario. This model of activity-based funding is part of the Ministry of Health and Long-Term Care's Health System Funding Reform that aims to improve hospital efficiency and access to care while ensuring transparency and accountability of health care spending. To help us deliver on this target, we will undertake work to identify and act on opportunities for improvement across in all clinical areas where we are not currently completing all our funded service volumes.

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

This is a new metric that we have implemented as a measure of KHSC's ability to provide stewardship of funded procedures. Resources have been realigned to support and optimize from an integration perspective. Measuring and monitoring processes are in place to evaluate on a regular basis.

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

It is anticipated that we will achieve all of the available funded volumes for fiscal 2018.

Q1 FY2018 Strategy Performance Indicators Report

Finance

KHSC is a top operational performer amongst Ontario teaching hospitals

Definition: DATA: Decision Support - Lana Cassidy COMMENTS: Mike Fitzpatrick EVP: Mike Fitzpatrick REPORT: STRATEGY INDICATOR

As part of our commitment to improving access to high quality health care while sustaining the financial health of our organization, we aim to complete the full volume of services that we are funded to deliver this year. This includes all available surgical, cardiac, cancer, and diagnostic imaging services, and surgical and non-surgical Quality Based Procedures that we offer. When we meet our funded service and surgical volumes, we retain the full amount of funding that has been allocated to our health sciences centre, which enables us to maximize access to high-quality health care for patients in southeastern Ontario. This model of activity-based funding is part of the Ministry of Health and Long-Term Care's Health System Funding Reform that aims to improve hospital efficiency and access to care while ensuring transparency and accountability of health care spending. To help us deliver on this target, we will undertake work to identify and act on opportunities for improvement in all clinical areas where we are not currently completing all our funded service volumes.

Surgical Funded Volumes Deliverables/Milestones:

- Q1: Review of all wait times, prioritization coding, Surgical QBP volumes, base and incremental volumes, including Cardiac.
- Q2: Realignment of OR resources and creation of new OR schedule to support increased Surgical Oncology, Cardiac and QBP volumes.
- Q3: Implementation of new OR Schedule (13 additional blocks)
- Q4: Review of targets, and wait time metrics for evaluation of impact from additional OR time.

Non-surgical Funded Volumes Deliverables/Milestones:

- Q1: Develop COPD admission order set. Meet endoscopy targets. Monitor CHF & pneumonia admission targets. Execute Regional Stroke Workplan and Stroke Distinction Accreditation Action Plan. Sustain regional approach to standardized stroke unit care, secondary prevention and repatriation; all TIA patients follow care pathway; sustain 80% stroke unit utilization; plan for 24/7 delivery of Stroke Endovascular Thrombectomy (EVT).
- Q2: Launch COPD orderset implementation. Hire temporary gastroenterologist for endoscopy and recruit a FT physician. Monitor pneumonia and CHF admissions. If CHF admissions are higher than target convene task team to look for improvements. Continued execution of Stroke Workplan. Transition to 24/7 delivery of Stroke EVT on Sept 29th.
- Q3: Implement COPD admission orderset and monitor opportunities for improvements. Monitor endoscopy targets and address variation. Monitor pneumonia and CHF admission targets. Complete ongoing CHF improvement opportunities as needed. Continue execution of Stroke Workplan. Participate in development & utilization of joint KHSC/PCH database to monitor stroke patient flow.
- Q4: COPD order set post implementation continuous improvement. Monitor endoscopy targets and address variation. Monitor pneumonia and CHF targets. Ongoing CHF improvement opportunities if needed. Regional Stroke Workplan execution and planning for 2018 stroke distinction accreditation survey.

Target: Target 17/18: 100% Perf. Corridor: Red <90% , Yellow 90-95%, Green >=95%.

Q1 FY2018 Strategy Performance Indicators Report

Philanthropy

KHSC has a viable plan to fund the local share of our Phase 2 redevelopment project

Indicator: One hundred per cent of KHSC Board, executive and program medical directors participate in KHSC giving campaign



	Actual	Target
18-Q1	80	100

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

Our Phase 2 redevelopment project will enhance our ability to fulfill our role as the region's complex-acute and specialty care provider. However, before any construction can begin, the Ministry of Health and Long-Term Care must be satisfied that KHSC will be able to meet its 'local share' of the costs, and this is where the support of our internal and external community is vital. Work is underway through the University Hospitals Kingston Foundation to ensure the necessary funds can be raised in the next few years and they are counting on KHSC leaders and employees to lead the way. If all goes well on this front, Phase 2 redevelopment construction could begin as early as 2020.

Fundraising plans are being established to reach out to all members of this group to consider making a donation. Many individuals have been contacted already.

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 current participation rate of members from this group that were asked for donations is strong for the first quarter of the year. Typically a majority of donors give between the months of Oct-Dec. The third quarter results will show improvement in this number as the individuals in this group are contacted about considering a donation to the campaign.

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

It is anticipated that this goal will be reached by the end of the year.

Definition: DATA: Dale Best COMMENTS: Dale Best EVP: David Pichora REPORT: STRATEGY INDICATOR

The KHSC leadership and employee giving campaign is launched with exemplary leadership participation.

Target: Target 17/18: 100% Perf. Corridor: Red <=79% , Yellow 80-89% , Green >=90%.

Q1 FY2018 Strategy Performance Indicators Report

Status:

N/A Currently Not Available



Green-Meet Acceptable Performance
Target



Red-Performance is outside acceptable
target range and requires improvement



Yellow-Monitoring Required,
performance approaching target