

Kingston Health Sciences Centre

Centre des sciences de
la santé de Kingston

KHSC Integration Report 2017/18 (Year 1)

Submitted to: South East Local Health Integration Network

June 2018



Hôpital
Hotel Dieu
Hospital



Hôpital Général de
Kingston General
Hospital

Executive Summary

On April 1, 2017, Kingston General Hospital and Hotel Dieu Hospital successfully integrated to form the Kingston Health Sciences Centre (KHSC) following an approval from the Minister of Health & Long-Term Care's (MOHLTC) in January 2017.

Before coming together, Kingston General Hospital (KGH) and Hotel Dieu Hospital (HDH) were both accredited teaching hospitals funded by the South East LHIN (SE LHIN). Combined LHIN/Ministry funding for the two separate corporations was \$430 million annually.

KHSC's voluntary integration is consistent with the MOHLTC's commitment to *Patients First* and will help KHSC make a strong contribution to the SELHIN's objectives of improving access and delivery of healthcare services, enhancing the patient experience, improving quality and creating efficiencies in the healthcare system. This also builds on the excellent work that was undertaken across the region under the banner of Health Care Tomorrow: Hospital Services project.

Highlights of our Accomplishments

Over the course of the past year the important behind-the-scenes work to bring our two hospital sites together has continued. Teams across both sites have made significant progress with ensuring that our processes and policies are aligned to help us operate as one organization, and we are pleased to report that much more is planned to this end over the next year. Here is a quick look at what we have accomplished so far:

- Completed key Information Technology projects to unify practices across both sites, including the consolidation of core IT infrastructure to enable a single e-mail and log-in for KHSC employees;
- Standardized KHSC's Safe Reporting Tool across both sites;
- Became the province's newest District Epilepsy Centre, increasing our capacity to assess patients to see if they are candidates for surgical treatment;
- Launched a new live kidney donor transplant program, making this service available to patients from across our region;
- Implemented new partnership opportunities, including supporting Brockville General Hospital with lab and pharmacy services, working with community partners such as Street Health to address opioid issues and sharing Human Resource services with Providence Care;
- Continued to support the SE LHIN sub region tables for Kingston and Rural Frontenac Lennox and Addington;
- Successfully completed our first accreditation process with a compliance rate of 97.7% in nearly 3,000 criteria across eight quality dimensions for high quality health care;
- Launched a Strategic Planning process engaging patients, staff, partners, and the community to develop our inaugural Strategic Plan. The Plan is expected to be released in the fall of 2018. As part of the strategic planning process, work has been underway to develop KHSC's first mission, vision and values;
- Submitted the functional program (Stage 2) for our Phase 2 Redevelopment project which will create safe, modern facilities in which to deliver high-quality care. We anticipate approval from the SE LHIN Board and MOHLTC by June 2018; and are working with Infrastructure Ontario to develop a Memorandum of Understanding, to facilitate the move to Stage 3 planning;

- Reduced ED wait-times, showing the greatest improvement in the 90th percentile length of stay for all patients within the teaching hospital group since the previous year, demonstrating an improvement of 12.6% over the previous year;
- Standardized e-requisitions across both sites. The first phase of the E-Requisitioning project is complete and staff at both KGH and HDH sites are now processing purchasing requisitions electronically;
- Progressed with the integration of our Business Systems and are reviewing the proposed plans to integrate business systems on a priority basis and within available one-time funds to support operating efficiencies and reduce duplication;
- Brought forward a Private Members Bill in the Ontario Provincial Legislature which received Royal Assent and is now law. This Bill deems bequests, gifts, etc. of the legacy hospitals to be received and used by KHSC, while respecting the wishes of the donors;
- Restructured the Executive Leadership meeting format to create of a new committee named the President's Council, where six physician leaders from the Medical Advisory Committee (MAC) attend a monthly meeting with the KHSC Executive Leadership. This provides a much higher level of physician engagement in to strategic issues and other high priorities of the hospital;
- Integrated print shops across the two sites;
- Brought together all switchboard staff, who are now working at one site to support a single experience for patients and families while continuing to explore technology and infrastructure improvements for the telephone systems;
- Received approval of Hospital Letters Patent by the legacy hospital boards and by the various government regulators to remove any reference to the operation of a hospital. This was one of the conditions placed on the approval of the integration by the Ministry of Health;
- Recruited an ethicist to the KGH site to better support complex clinical issues (e.g. end of life issues) and to support principle based decision making across both of our two sites;
- Created an interdisciplinary Advance Care Planning Steering Committee to bring together patient experience advisors, leaders and physician from across KHSC, Kingston Central Ambulance Communications Centre, Providence Care, Providence Manor (Long Term Care), Primary Care, Health Links so that health professionals use the same tools, nomenclature and strategies for ACP conversations;
- Worked with the SE LHIN and partner organizations to develop a regional Community of Practice for Medical Assistance in Dying.
- Integrated Environmental Services/Transportation management across both hospital sites;
- Standardized many policies and procedures wherever possible;
- Created a consistent approach with KHSC's French Language Services implementation plan, making demonstrable progress in F17/18;
- Integrated the Volunteer Services offices for the two sites with the team now working together to recruit, orient, support and encourage volunteers working in one or both of the KHSC sites;
- Received approval as a "Bundle Holder" for a new funding model for elective QBP Hip & Knee Replacement Surgery. KHSC is currently working with its partners to implement a seamless model for patients;
- Received funding to develop a musculoskeletal Rapid Access Clinic for patients with hip and knee arthritis;

- Received funding to develop a Rapid Access Clinic for patients with low back pain;
- Implemented a patient focused discharge plan. “My Discharge Plan” was developed by an interprofessional group including Patient Experience Advisors and was field tested with patients and families;
- Appointed Dr. Elizabeth Eisenhauer OC, an internationally renowned cancer researcher, to a 0.2 FTE role as Innovation Lead with the responsibility to develop a formal plan for an innovation portfolio at KHSC. Dr. Eisenhauer has consulted extensively with leaders of innovation provincially, nationally and internationally, and has already made significant strides on this assignment;
- Received funding for an Ontario Centres of Excellence (OCE) Initiative, which is a 2-year project to develop better management of COPD patients using remote patient interactive technology through Innovative Procurement;
- Supported 12 KHSC leaders and physicians as they completed the Rotman Advanced System Leadership Program sponsored by the SE LHIN;
- Supported two KHSC teams as they were selected to participate in the IDEAS Advanced Learning Program in the Palliative Care and Integrated Hip and Knee Bundled Care cohorts;
- Continuing implementation of Connecting Ontario;
- Launched Parenteral Nutrition Clinic.

The remainder of this report details the full scope of our accomplishments across all dimensions of the organization.

Access to Care

Managing capacity remains a priority for our organization, the SE LHIN, and the provincial health-care system and as such we undertook much work this past year to help address this issue. Sustained increases in the volume of Emergency Department visits, as well as high volumes of patients who have been designated as requiring an alternate level of care (ALC) are impacting timely access for patients who need to be admitted into the hospital. In addition, and more importantly, long ALC stays in hospital continue to have negative impacts on our patients’ quality of life.

Our patient flow professionals remain focused on both internal and external patient flow activities, mandatory provincial reporting, and data collection and analysis. Our patient flow management activities this past year include:

- liaising with staff and leaders in the patient care areas and with the bed allocators to ensure continuous movement of patients to the right destination,
- participating in care team and patient and family meetings,
- reviewing and revising patient designation daily to determine appropriate levels of care to facilitate timely transitions and discharges,
- attending weekly team rounds,
- reviewing and monitoring ALC designations continually,
- re-evaluating discharge plans on an ongoing basis, especially if special needs are identified,
- attending complex team and family meetings,
- mentoring and facilitating complex discharge plans and
- working with regional partners on system issues.

An ethicist is now also available to support the inpatient clinical teams, patient and family with complex ethical issues related to patients who require alternate levels of care.

Analysis of KHSC's ALC activity:

The percentage of ALC total patient care days at KHSC has decreased over the last three quarters as the result of several effective patient flow strategies. Throughout the fiscal year we dedicated our focus on the patient flow initiatives in the Emergency Department and inpatient units. Our work is aligned with the SE LHIN patient flow action plan to ensure consistent practices exist across the region.

All patient care programs are utilizing the Alternate Level of Care (ALC) escalation guideline (implemented in F17 Q3). This procedure requires approval from the manager, SE LHIN Home & Community Care manager and director prior to designating a patient as ALC for long term care to ensure all other discharge destinations have been explored and are not viable options for the patient. The new discharge planning policy is in its final iterations and expected to be approved in Q1 of Fiscal 18/19. The policy will include routine discharge planning, designation of ALC process, and escalation process for non-compliance with discharge.

The Pay for Results refresh of the Home First philosophy was completed in Q4. Our specialist works with each patient care area to ensure all opportunities for discharge home are explored, rather than designating patients as ALC for long term care (LTC). This work included education which was delivered to incoming residents and new staff at orientation. The education sessions were the same ones that were provided to all care providers last fiscal year to ensure consistent messaging to our patients, their families and the primary care teams. The specialist also led the Emergency Department team (including the social worker, nurse practitioner, physiotherapist and nurses) at daily morning rounds to plan complex discharges back to the community to prevent admissions for patients at risk of being admitted and designated ALC-LTC. This fiscal year, 232 admissions were prevented by this team.

On average, in Q4 there were 69 patients waiting at any one time for other destinations to become available so they can be discharged. KHSC saw a decrease in average ALC numbers each month in Q4: with an average of 77.2 in January, 69.9 in February and 59.2 in March. Through Q4 we also saw a seasonal increase in overall patient census and hospital activity reaching a patient census high of 520.

Looking back we see there has been a positive impact with our ALC strategies. We started Q4 with 79 patients designated as ALC waiting for different destinations to become available with 31 of these patients (39%) waiting for beds at a LTC home. We ended Q4 with 60 patients designated as ALC with 31 patients (52%) waiting for LTC. During the quarter, we discharged 188 ALC patients and 18 of these patients went to LTC, 20 were discharged home with ongoing discharge planning. This clarifies the assumption that it is the same ALC patients waiting at KHSC for beds at other facilities. The last two weeks of Q3 and through Q4 we were able to utilize the new Bayshore off-site ALC unit and during this time we were able to save 903 ALC days.

In Q4, several long stay ALC patients were also discharged. These patients caused a spike in ALC days, since ALC days in this indicator are based on hospital discharge information. Our performance target for Percent ALC days is 13.2 and we have achieved 13.6. Our Q4 results represented the lowest totals since Q4 last fiscal year.

Emergency Department discharge planning rounds

KHSC's patient flow specialist is also focused on discharge planning in the Emergency Department (ED) as they lead a team which includes the social worker, nurse practitioner, physiotherapist and nurses to plan complex discharges back to the community and to prevent admissions for patients at risk of being designated ALC-LTC.

Between April 1 and July 31, 2017, 105 patient admissions were diverted by focusing on the complex discharge needs required to support patients in the community. 24 patients were deemed to be in crisis and in need of placement in a long term care facility. Three of these patients went to LTC and the remainder went home to await availability at their next care destination.

An abstract outlining the Home First philosophy in the Emergency Department and the work of the ED team has been accepted for presentation at Health Quality Ontario Quality Improvement and Patient Safety Forum in October 2017, at the Queen's Healthcare Quality Research Forum in October 2017 and at the Ontario Hospital Association HealthAchieve Conference in November 2017.

One of our greatest challenges is patients who present to the Emergency Department with non-acute medical issues who do not meet the criteria for admission to any service and are unable to go home due to dementia and behavioural issues. For many of these patients, once they are assessed and their consultation and discharge plans are complete, they do not have anywhere to go. These patients can spend many days in the ED on a stretcher while their behavior stabilizes. During this time, the team continues to work on a discharge plan and find them a suitable place to return to in the community.

Community Partnerships

KHSC is committed to developing strong relationships with our partners and to that end; we have identified an Executive Vice President and Director who have specific accountability for community partnerships in their portfolio. Their initial work has focused on building relationships through face-to-face meetings and participation at tables such as the Kingston and Rural Frontenac Addington Sub Region, and the Regional Opioid Task Force. KHSC is reaching out to community providers in a focused and deliberate way to improve understanding, communication and collaboration around complex health and social issues affecting patients of KHSC such as addictions and mental health, and homelessness.

KHSC has also partnered with KFLA Public Health and Street Health to work together on a strategy to address the opioid situation in our community. They have brought their expertise and support into the hospital to support staff learning to care for patients with addiction. KHSC staff have also been doing site visits at Street Health and the In From the Cold shelter to better understand the community resources available.

Addictions and Mental Health

In an effort to improve the experience of patients arriving in the Emergency Department seeking mental health care, the ED and Mental Health program have joined together with a Patient Safety & Quality Specialist and a Patient Experience Advisor to look at ways and measures to improve services and the patient experience in the ED and the Mental Health section of the ED. We are looking at ways to incorporate new initiatives into our combined systems with the goal of improving patient experience.

Through the SELHIN Mental Health Redesign, a number of initiatives to integrate care and improve the patient journey are also underway.

KHSC has established a collaborative effort to improve patient flow between acute and complex care and intensive community mental health services.

A bi-monthly complex care table was initiated with Providence Care for referral review and consultation on complex cases, as well as weekly inpatient rounds with transitional case managers, assertive community care teams, and complex care access and flow coordinator.

A sub-committee of the Addictions Mental Health Strategic Alliance was also formed by community and hospital based leadership across the region for monthly mental health services planning.

KHSC and the United Way Kingston, Frontenac, Lennox & Addington hosted a youth Mental Health Services Planning day in Q4 which was supported by the SELHIN. The purpose of the planning day was to develop a roadmap for the next year that provides local solutions for transitional-aged youth ages 16-24, and youth in crisis as a result of a mental health concern. A steering committee to be co-chaired by KHSC and the United Way is being formed to move forward on the priorities that were identified.

KHSC's focus on youth ages 16-24 includes co-location of psychiatry services in the youth centre 'One Roof' as well as an ongoing partnership with the Maltby Centre for the central intake of referrals for psychiatry and intensive group treatment. KHSC has taken the lead to work with additional community mental health service providers to enhance youth crisis services to support timely connections to appropriate services and avoidance of unnecessary ED visits (one of the priorities identified during the planning day).

Following a process of staff engagement, significant progress has also been made to enhance the safety culture of the inpatient Mental Health unit. Implementation of daily safety huddles and environmental checklist, weekly quality and people rounds, regular ethics rounds, and staff debrief sessions have contributed to improved management of high risk patient behaviour and fewer code white incidents.

With the help of patient experience advisors, staff across sites are working together to improve accessibility of information related to KHSC mental health programs and services, including upgrades to program websites, patient/family information handouts and the development of patient orientation and discharge groups to support patient recovery and reintegration to community with appropriate supports and services.

Caring for our Older Patients

KHSC has made significant progress in addressing care for our elderly patient population. We are sensitive to the needs of older adults and ensure appropriate consideration is taken considering the emotional and ethical issues. This is done in collaboration with older patients and their family caregivers to ensure the dignity and safety of seniors and we continue to maximize seniors' capacity for independent function. One hundred and seventy five staff members received dementia care education to help better understand responsive behaviours and develop skills for safe and gentle interactions with aged patients and those with dementia.

Every patient's functional status is assessed within 24 hours of admission and upon discharge to inform the plan of care and to ensure necessary supports are in place while in hospital and with transitions in care.

Caring for our Youngest Patients

KHSC serves as the tertiary care hospital for the region and as such, the Kingston General Hospital site houses the Neonatal Intensive Care Unit (NICU) which is the only facility providing level-three care to neonates within the South East LHIN. Our NICU has historically operated 22 beds which are available for neonates requiring level two and level three care. There are no restrictions on how many neonates we will accept with a particular care designation. The designation of these beds will fluctuate based on the care needs of the neonates.

Prior to 2015, the planned activity was easily accommodated within the bed complement at our KGH site with minimal need to surge beyond the available beds. However, since 2015 we have experienced a steady increase in utilization of the NICU beds with regular periods of surge.

For the past two fiscal years, KHSC has experienced an increase in patient days in the NICU with 5,954 days in 2016 and 5,723 in 2017 respectively. In the first three quarters of fiscal 2018, we have already had 4,867 patient days. Should this trend continue, we will end the year with over 6,000 patient days in the NICU. It is noteworthy that the increase of neonates born outside of Kingston that are transferred to our NICU has increased by 53 per cent over the past two fiscal years. KHSC is delighted to receive funding for two additional NICU beds, which was recently announced by the MOHLTC.

The Paediatric Program is also pleased to work in closer collaboration with the teams at our Hotel Dieu Site as the Children's Outpatient Centre and Urgent Care Centre for Paediatrics are now aligned under the Paediatrics operational leadership. This has assisted with consistent standards, opportunities, and communication to best support our young patients across both sites.

KHSC is also reviewing surges in activity that may be associated with a number of factors including regional capacity challenges. This may be related to physical capacity challenges, as well as human resource challenges within other partner organizations. Discussions are occurring from a LHIN perspective and through the KHSC Medical Advisory Committee on how to best address this including the consideration that we adopt a “one number” approach for all patients requiring transfer to KHSC from the region when care is not available through their home hospital. This would provide better data to help us understand the care needs of our patients from a system perspective.

Other Capacity Pressures

KHSC is experiencing volume pressure in our Mental Health and Cardiac Programs. We have seen an increase in mental health and addiction presentations and have been working with both in-patient and community resources to help provide appropriate community resource diversions and referrals to patients in need of resources. In Cardiac, we have experienced higher than targeted TAVI cases and EVT procedures as these have provided very significant benefits to patients.

In summary, our work to improve patient flow overall is aligned to the SE LHIN patient flow action plan to ensure consistent practices exist across the region. These include collaborations with community partners, Health Links, primary care providers and the SE LHIN Home and Community Care Team. As a result of our collective efforts, although we are experiencing increased patient activity, we are seeing better movement of patients through the system as a result of the strategies that are in place. We continue to monitor relevant data and patient experience feedback so that we are able to continuously identify and act on opportunities for improvement.

Progress on Service Levels Compared to Baseline

As part of our commitment to improving access to high-quality health care while sustaining the financial health of our organization, we are aiming 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. 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 healthcare spending. To help us deliver on this target, we have undertaken work to identify and act on opportunities for improvement across all clinical areas where we are not currently completing all our funded service volumes.

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 and this has been a focus in this past fiscal year's Annual Corporate Plan:

As of Q4, 98 per cent of funded activity was completed. Measuring and monitoring processes are in place to evaluate on a regular basis as we continue to address capacity.

Clinical Integration

We have embarked upon a review to better align transitions in care in order to meet the needs of our patients from a system perspective. We have systematically consolidated our processes within the Cardiac Program, our Children's Program, Emergency Program, Mental Health Program and Surgical Care. This has enabled KHSC to consider resources from a system perspective and create an environment that provides access to care for patients where most appropriate and within a timely manner. This has also enabled entry point and standardization of order sets across the two sites which further promotes consistent and planned care processes.

A KHSC Clinical Leaders Group was created with membership from all practice leaders, clinical managers and directors for the HDH and KGH sites. This committee meets bimonthly with a focus on building relationships across sites through discussions on shared clinical issues (e.g., influenza preparedness, surge) and education on current issues such as the Opioid Crisis and the LHIN sub region planning.

Impact on Patient Experience and Patient & Staff Satisfaction

Patient Experience Advisors & Patient Councils

Following integration, Patient Experience Advisors came together and recommended to the two site-specific Patient Councils be merged into one KHSC PFAC as well as to create a single KHSC patient advisory group, rather than advisors whose work is solely site-specific. This has been well received within the organization and by advisors themselves. In addition, there is a Patient & Family Advisory Council for the Renal Program and the Regional Cancer Program.

The integrated Council now meets monthly and all advisors are working on projects and issues regardless of their "site of origin" as they are invited to participate in projects at either hospital site. Advisors have also had the opportunity to participate in quality and other improvement initiatives through their participation in teams and through attendance at events such as the annual HQO one-day conference.

Quality & Quality Improvement

The Patient Safety, Risk Management and Patient Relations portfolios from HDH and KGH have now been brought together into one integrated portfolio and our Patient Safety & Quality Specialists no longer have site-specific roles. They are aligned to support patient care portfolios across both sites. Although Patient Relations Specialists continue to support specific sites they cover one another for absences and are working to integrate practices. Some other achievements for this group since integration include:

- Policy harmonization/standardization is underway, for example patient feedback policies and incident reporting policies have been standardized. The PSQR portfolio was committed to bringing the best practices of the legacy organizations together and has taken the necessary time required to start to harmonize these processes and practices.
- Patient safety and quality improvement priorities are being viewed from an integrated perspective. For instance, medication reconciliation, a patient safety priority with unique challenges in the ambulatory care setting, is being overseen by a single steering committee with the same subject matter experts at both sites.
- The PSQR portfolio coordinated KHSC's accreditation survey in April 2018. The accreditation process provided an opportunity for leaders, staff and physicians from the HDH and KGH sites to come together to achieve the common goals of learning, improving, and modeling excellence. Evaluations by our participants of the accreditation preparation processes confirmed that this goal was achieved. A very positive preliminary accreditation report has been received and we are currently awaiting the final Accreditation Canada survey report.
- KHSC is launching the development of a Quality Roadmap and Quality Plan that will align with our Strategy. Through this process, we will identify 2-4 quality aims for KHSC that will drive quality improvement effort over the next 2-3 years as well as provide the focus for future QIPs. Our goal is to complete the Quality Roadmap and Plan by 2019.

Research

A decades-long vision of an in-hospital, patient-oriented clinical research centre was realized earlier this year with the official opening of the W. J. Henderson Centre for Patient-Oriented Research on September 11, 2017. The \$4.3 million, 10,000 square-foot collaborative research hub located within the KGH site, enhances the collective research and innovation potential of KHSC, Queen's University and the KGH Research Institute. The opening event attracted visitors from the research community, industry and the local community, and more than a dozen clinician-scientists and researchers were on hand to demonstrate their patient-oriented research.

Work is also underway to align KHSC's research agenda with an emerging interest by CAHO hospitals to leverage patient-oriented research. A patient advisor has been partnering with research staff to learn more about this and to explore opportunities to grow patient-oriented research at the KHSC site.

Communications

The KHSC Strategy Management & Communications team now operates as one team across our two sites. Members of the communication team have had their work portfolios realigned to support the organization's communication needs. New integrated communication tools which were launched in 2017 have been well received by staff. Work is underway to bring together the two legacy intranets into one site and this is one of the elements of the business systems integration projects that is currently underway. This component will be completed late summer 2018. A further project will be required to bring together the two legacy external websites.

Leaders' Connection – a new monthly forum created with input from leaders at KHSC – meets regularly and provides the opportunity for directors, managers and supervisors to come together regularly to share information, learn and discuss pertinent issues. Special, additional meetings have been scheduled over the course of the year to engage leaders in accreditation work and strategic planning as well. These meetings have been positively received, are well attended, and provide a forum to learn about projects happening through the organization and beyond.

Performance Reporting

A new performance reporting process and schedule was developed for KHSC which was endorsed by leadership and the board. This process ensured that each quarter, performance results were used internally to drive improvement, shared with the executive and board to oversee progress in the organization, and were made available through our website for the community to facilitate open communication and transparency. The Board has approved an annual corporate plan and scorecard for F18/19 that will prioritize work and focus within the hospital until such time as the framework and scorecard aligned to our new strategy are developed – likely in later fall/winter.

Risk Management

Risk management frameworks and plans from the legacy hospital sites continue to be integrated into a single framework. A harmonized KHSC policy which guides policy approval/review/deletion processes was approved and is now in place guiding policy harmonization. A comprehensive risk assessment was completed in March 2018 using standardized risk assessment tools provided by our insurer HIROC to identify possible risks, improvement opportunities and plans to mitigate risks at KHSC.

Administration

KHSC has successfully integrated the management reporting structure of the legacy hospitals and the clinical and administrative operations now report through an integrated management structure with one executive team, reporting to a single board. The back-office functions of IT, Finance, and Human Resources now operate as single departments. Their accomplishments are detailed in the next sections of this document.

People Services

KHSC's People Services team plays a central role in creating a cohesive KHSC culture bringing together the people of the two distinct predecessor hospitals to share a common KHSC experience. To guide this work, and grounded in the Institute for Healthcare Improvement Quadruple Aim "Joy at Work" dimension and Accreditation Canada standards associated to promoting and supporting quality worklife, People Services has focused on enabling high performance in the area of 'people' by empowering our people to improve the patient experience and by improving the experience of our people. This organizational aim of *"Inspired people, enabled to be their best and work effectively together to provide excellent patient care"* reflects enabling a culture where KHSC staff:

*Inspired people,
enabled to be their
best and work
effectively together
to provide excellent
patient care*

- Feel proud and are engaged to make a difference,
- Feel valued and recognized for their contributions,
- Find intrinsic meaning in their work,
- Believe KHSC is the best place for them,
- Strive for excellence and ongoing improvement, and,
- Feel that their experience is an organizational priority.

To achieve this aim, People Services has focused integration initiatives during KHSC's first year of operation, on three pillars of human resource service – recruitment, retention and wellness, along with implementing the new KHSC workforce configuration. In addition to these services which impact the employee experience, People Services supports the quality of life for the patients we serve through volunteer services, library services and infection prevention and control. Key year one integration initiatives in these People Services areas are outlined below:

| Service Pillar | Key Integration Initiatives |
|---|---|
| <p>Recruitment:</p> <p>Having a multi-faceted strategy for attracting talent to KHSC</p> | <p>Career Fairs: Participation in 16 local and regional career fairs (12 focused on healthcare professions) to raise awareness of KHSC as an organization; partnership with Providence Care to market Kingston as a place to live and work.</p> <p>Social Media: Use of social media to raise the profile of KHSC as a place to work.</p> <p>Workforce Planning Steering Committee: An interdisciplinary team focused on strategies to have a positive impact on overtime and internal turnover creating a better work experience for staff.</p> <p>Collaboration: Enhance KHSC profile with City of Kingston through participation in the study and development of municipal strategies for "Organizing and Resourcing for Success" and "Making Improvements in our Work Economy."</p> |

| Service Pillar | Key Integration Initiatives |
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| <p>Retention:</p> <p>Having a robust approach to fostering commitment and job satisfaction</p> | <p>Leadership Development: The focus has been on supporting leaders in their new and/or evolving roles within the KHSC structure including leadership onboarding, communication, skill development, moving to the LEADS capabilities framework through deployment of a common leadership performance development tool.</p> <p>Career Development and Investing in Talent: Supporting ongoing staff development through corporate education funds and programming, bursary programs and opportunities for staff to step into developmental role assignments across KHSC.</p> <p>Recognition: Events for recognition were integrated or extended at both sites including the Strawberry Social, Leadership Celebration, Leader Appreciation Desk Drops, Team Awards, Community Showcase and Exceptional Healer Award. Review and assessment of recognition programs including staff feedback was conducted to better inform decision making for combining the program and processes.</p> <p>Engagement: An integrated engagement strategy was in development and the integrated performance, learning, and leadership strategy contributed to the engagement strategy. Team engagements, plans and coaching activities were extended across KHSC alongside a realigned and more distributed leadership structure.</p> <p>Corporate Learning: Learning programs and corporate initiatives were combined to give access to courses, programs and Harvard Manage Mentor for leaders. The 'Leading Learning Moments' program for front line staff who 'teach' was launched. Preparation for an integrated Learning Management System and upgrade was completed to reduce duplication of effort across two independent systems.</p> |
| <p>Health Safety & Wellness:</p> <p>Having programming that reflects a culture of safety and promotes individual and organizational wellness</p> | <p>Health: Alignment of resources, processes, and tools to support the delivery of effective and consistent disability management and accommodation practices across the organization.</p> <p>Safety: Integration of the organization's health and safety management system, resources, and incident reporting tool to support injury prevention, performance monitoring, and leading practices.</p> <p>Wellness: Sharing and enhancing existing wellness programs initiatives and resources across KHSC (e.g. corporate wellness website and fitness memberships, shared EFAP, Peer Partner Program, on site massage therapy, 'Feeling Better Now' mental health management tool) and implementation of new practices and policies to support the psychological health and safety in the workplace.</p> |

| Service Pillar | Key Integration Initiatives |
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| <p>Workforce Configuration:</p> <p>Aligning employees to a KHSC workforce structure</p> | <p>Unionized workforce: On May 1, 2017, the Canadian Union of Public Employees (CUPE) filed an application with the Ontario Labour Relations Board (OLRB) under the <i>Public Sector Labour Relations Transition Act</i> (PSLRTA) related to the rationalization of the predecessor KGH and HDH bargaining unit structures. Progress has been made to resolve most outstanding items associated to bargaining unit rationalization resulting in rationalization from 14 bargaining units to 8. The following representation and structure has been determined:</p> <p>Combining the former KGH and HDH respective bargaining units:</p> <ul style="list-style-type: none"> • Registered Nurses: Ontario Nurses Association (ONA) • Technicians & Technologists: Ontario Public Services Employees' Union (OPSEU) • Allied Health Professionals: OPSEU • Service/Clerical: CUPE <p>There are no changes to the following bargaining unit structures or representation:</p> <ul style="list-style-type: none"> • Ininew Patient Services (Administration, Service & Interpretation): OPSEU • Ambulance Dispatch – Communication Officers: OPSEU • Medical Physicists: Professional Institute of Professional Services of Canada (PIPSC) • Medical Residents: Professional Association of Residents of Ontario (PARO) <p>Non-union workforce: Phase two of the work to develop a common non-union compensation framework has been completed. This includes the development of a compensation philosophy, a job evaluation system design, associated template documentation, analysis and preliminary modeling of a compensation structure.</p> |
| <p>Volunteer Services:</p> <p>Supporting staff and patients through robust volunteer programming</p> | <p>Recruitment: Development of a common on-line application and supporting recruitment documentation; implementation of KHSC volunteer information sessions to raise profile of KHSC as a place to volunteer and release of a recruitment video to promote volunteering at KHSC to Queen's University students.</p> <p>Orientation: Phase one to develop a common KHSC orientation program completed.</p> <p>Education: Implementation of corporate education sessions for volunteers.</p> |

| Service Pillar | Key Integration Initiatives |
|---|---|
| <p>Library Services:</p> <p>Enabling excellence in practice through access to literature research services</p> | <p>Service Enhancement: Access to Hospital Library services provided by Providence Care has been expanded to include the HDH site. Consistency of services, standardization of approach and opportunities were expanded.</p> |
| <p>Infection Prevention and Control:</p> <p>Protecting the safety of patient and staff through timely and effective prevention and infection control practices</p> | <p>Service Enhancement: An internal scan was conducted in order to identify service strengths and opportunities and refinements to the service structure have been made to enhance support to programs, services and frontline healthcare workers. Areas of focus have included improving knowledge and awareness of infection prevention and control best practices, improving performance in the implementation of routine practices and additional precautions which ensure both staff and patients are protected from the risk of a hospital/workplace acquired infection.</p> |

In addition to these accomplishments in the integration of services provided across KHSC, attention has been paid to optimizing value and ensuring the effectiveness of the underlying infrastructure of People Services including its leadership structure, technology, policies and processes as outlined below.

| Infrastructure Element | Key Integration Initiatives |
|--|---|
| <p>Leadership Structure:</p> <p>Being a regional leader in integration and optimizing the people strategies of KHSC and Providence Care</p> | <p>Joint Vice President & Chief Human Resources role: Implemented effective April 1, 2017 with responsibilities at KHSC and Providence Care.</p> <p>In addition, by March, 2018, the following elements of the People Services leadership structure were implemented:</p> <p>Director Leadership: Director portfolio redesign was undertaken within People Services for KHSC and Providence Care in fall 2017. Portfolios now include: Employee & Labour Relations, Leadership & Talent Development, Workforce Planning & Utilization, Human Resources Planning & Performance, Infection Control & Prevention and Occupational Health, Safety & Wellness. In addition, appointment for a cross-site Director for KHSC Volunteer Services was made.</p> <p>Management & Leads: Appointments for some managers (some for both sites of KHSC and some supporting both KHSC and Providence Care) within the above portfolios were made in March, 2018 including in Total Rewards, Employee & Labour Relations and Leadership & Talent Development. Appointment of additional KHSC lead roles is pending.</p> |

| Infrastructure Element | Key Integration Initiatives |
|---|--|
| <p>Technology:</p> <p>Enabling service excellence in People Services through a corporate human resources information system (HRIS) structure</p> | <p>Sub HRIS Systems: Work has been completed to move both sites to a single safe reporting system (rL Solutions) and applicant tracking system (Career Hub) and is in progress to move to a single learning management system (Medworxx), electronic employee health record and health management tool (Parklane) and volunteer management database (Volgistics).</p> <p>Integration of the core-HRIS is pending.</p> |
| <p>Policies & Processes:</p> <p>Ensuring consistency through corporate People Services policies and standardized practices</p> | <p>Service Delivery: Front-line team members in the Total Rewards, Recruitment, Occupational Health, Safety & Wellness, Infection Prevention & Control, Leadership & Talent Development and Volunteer Services areas have been unified to function as teams providing service to both sites. Work flow and work practices have been aligned to the extent possible with the current HRIS structure.</p> <p>Policies: Harmonization of corporate volunteer services and health & safety, procedures, and supporting processes continues bringing the best practices of the legacy organizations together. Corporate infection prevention & control policies following Provincial Infectious Disease Advisory Committee (PIDAC) best practice guidelines, Canadian Safety Association (CSA) Standards and all legislated requirements have been standardized for KHSC.</p> |

While significant progress has been made to align processes and practices across both sites of KHSC, there are inherent limitations to achieving full integration in People Services with the current core Human Resources Information Structure which has different core software/systems at each site (SAP at KGH and Quadrant HR at HDH). In addition, throughout the first year of operation, attention has been paid to the pace of change for impacted staff. It is recognized that individuals experience change differently and that a comprehensive structure and range of supports for staff is necessary to enable successful transformation of the magnitude of this integration. Collaboration with other service areas across the organization continues with a goal to enhance change leadership and develop an interdisciplinary approach to change management to enable high performance. A people-centered approach will be key to the ongoing smooth transition and growth of KHSC.

IT Infrastructure & Business Systems

IT Infrastructure

Our primary objectives with respect to infrastructure have been to implement the updated corporate logins and e-mail addresses, implement security best practices, consolidate the downstream infrastructure components, apply the appropriate change and communication strategy, update dependent applications, and support the necessary IT and organizational changes. As of the time of this report, key Information Technology projects have been completed to unify practices across both sites, including the consolidation of core IT infrastructure to enable a single e-mail and log-in for KHSC employees.

Business Systems

The business systems project is focused on identifying and planning the Stage 2 KHSC Business Systems integration priorities for Finance, HR and Strategy Management & Communications. As of the time of this report, 16 business systems integration projects have been identified. Of the 16 projects, 2 projects have been completed and 3 are in progress. The remaining project intake requests have been drafted or submitted with the prioritization process and capacity planning are underway.

Finance

The hospital ended Fiscal 2018 with an overall operational surplus position of approximately \$21 million. This result includes \$16 million that was internally provisioned for capital investment and \$6 million of revenue related to prior year patient activity was also included in the year-end surplus.

The capacity for capital investment totaled \$25.6 million for LHIN funded programs and services with an additional amount of \$3.3 million which was received from CCO for capital investment in the Renal and Cancer programs.

The hospital's working capital position increased from the prior year as funds are being allocated to the Phase 2 Redevelopment project to support the local share to be raised by University Hospitals Kingston Foundation (KGH site) and the future replacement of the health information system (HIS). The aligned working capital ratio at March 31, 2018 was 2.05:1 (Ministry accepted range is .08:1 to 2.0:1). The total margin for all Fund types was 3.65% (hospital sector only 4.13%).

With regards to the integration, KHSC had targeted efficiencies of \$1.25 million in 2017/18, an additional \$1.5 million in 2018/19, and another \$1.0 million in 2019/20, for a total of \$3.7 million over three fiscal years. For the first twelve months in 2017/18, KHSC has surpassed the target with savings of \$2.1 million. Efficiencies have been made in the areas of compensation (\$1.1 million), corporate and administrative expenses (\$600 thousand), and revenue and recoveries (\$400 thousand).

The Next Six Months

Strategic Planning

The Board of KHSC has endorsed a work plan to develop the inaugural strategy for KHSC with a target launch of September 2018. A strategic planning steering committee comprised of all members of the executive committee, the Vice-Dean of the Faculty of Health Sciences at Queen's University and two patient experience advisors has met weekly to oversee the implementation of the work plan and reports regularly through the Governance Committee to the Board. The board held its first all-day strategic planning session in December and has a second planned for June to inform the strategy process. Engagement has been underway this spring with KHSC staff/volunteers/physicians, community social service and health partners, regional hospitals, academic partners, the Indigenous and Francophone communities to inform the development of our strategy.