

fiscal  
2017-2018 **Q4**  
4th quarter ended March 31, 2018

# KHSC **this** quarter



# Strategy **Performance** Report



Hôpital  
Hotel Dieu  
Hospital

**KG+** 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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# KHSC Strategy Performance Report Fiscal 2017-18

## Strategic Direction 5

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**Maximize our education, research and academic health sciences potential**

**Outcome: 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**

**Strategic Performance Indicators**

Plan to create a Kingston-wide Health Research Institute meets quarterly targets **10**

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

**Strategic Performance Indicators**

The Competency-Based Medical Education (CBME) change management plan meets quarterly milestones **12**

## Strategic Direction 6

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

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

**Strategic Performance Indicators**

KHSC achieves \$1.25 million of integration-related savings **13**

## Enabling High Performance

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**People**

**Outcome: Empower our people and patient partners to improve the patient experience**

**Strategic Performance Indicators**

Work plan to implement a distributed-leadership structure meets quarterly milestones **14**

## Enabling High Performance

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**Technology**

**Outcome: Rapid transmission of information improves care & operational efficiency**

**Strategic Performance Indicators**

Strategic Technology project plans meet quarterly targets **15**

# KHSC Strategy Performance Report Fiscal 2017-18

## Enabling High Performance

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### Facilities

Outcome: Phase 2 redevelopment preliminary designs are complete

#### Strategic Performance Indicators

Plan to submit the Phase 2 functional program meets quarterly milestones **16**

## Enabling High Performance

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### 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 **17**

## Enabling High Performance

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### 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 **18**

Indicator Status Legend **19**

**Q4 FY2018 Strategy Performance Indicators Report**

Strategic Direction	2019 Outcome	Indicator	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	G	Y	G	Y	N/A
		Accreditation readiness plan meets quarterly milestones	G	G	G	G	N/A
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	G	G	G	G	N/A
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	G	G	G	G	N/A
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	Hip Fracture: Seventy-five per cent of admitted patients with the most responsible diagnosis of hip fracture receive care based on standardized order-sets	G	G	G	G	N/A
		COPD: Seventy-five per cent of admitted patients with the most responsible diagnosis of COPD receive care based on standardized order-sets	G	G	G	G	N/A
		Palliative Care: One hundred per cent of patients admitted daily are screened for early Palliative Care treatment	G	G	G	G	N/A
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	G	G	G	G	N/A
		Patients, families and staff contribute to medical education in all areas of KHSC through participation in competency based medical education	G	G	G	G	N/A
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	G	G	G	G	N/A
People	Empower our people and patient partners to improve the patient experience	Work plan to implement a distributed-leadership structure meets quarterly milestones	G	G	G	G	N/A
Technology	Rapid transmission of information improves care & operational efficiency	Strategic Technology project plans meet quarterly milestones	G	G	G	G	N/A

Strategic Direction	2019 Outcome	Indicator	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	G	G	G	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	G	G	G	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	Y	G	G	N/A

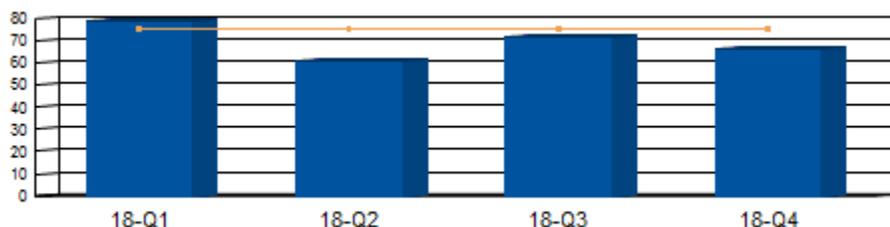
	SPR					QIP					SAA				
	F18					F18					F18				
	Q1 %	Q2 %	Q3 %	Q4 %	Q4 #	Q1 %	Q2 %	Q3 %	Q4 %	Q4 #	Q1 %	Q2 %	Q3 %	Q4 %	Q4 #
<b>R</b>	0%	0%	0%	0%	0	5%	5%	5%	0%	0	30%	28%	31%	41%	22
<b>G Y</b>	100%	100%	100%	100%	15	95%	95%	95%	100%	20	67%	70%	69%	59%	32
<b>N/A</b>	0%	0%	0%	0%	0	0%	0%	0%	0%	0	4%	2%	0%	0%	0
					15					20					54

## Q4 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
18-Q2	61.0	75
18-Q3	72.0	75
18-Q4	66.7	75

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

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. Commentary describing tactics and progress for specific indicators is included with the indicators and will not be repeated here.

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

Both sites of KHSC are involved in a SE LHIN initiative to improve the effectiveness of care for patients with chronic obstructive lung disease (COPD) and reduce readmission rates of patients with COPD by introducing evidence-based care processes across the SE LHIN. Patient experience results from both sites indicate that patients are generally satisfied with their care. The most recent patient experience survey data from the Emergency Department Patient Experience of Care (EDPEC) survey and the Canadian Patient Experience Survey – Inpatient Care (CPES-IC) survey reflects patient perceptions of care during the autumn and early winter. Patient satisfaction with care in the Emergency Program at both sites was quite positive. As in previous quarters the % of patients from the Urgent Care Centre at the HDH site that rated their care in the UCC as 7 or higher on 10-point scale was below the target of 90%. That target was set as an aspirational target in the winter of 2017, knowing that renovations to the UCC triage area were planned and anticipating that the overall rating of care would be positively affected by the renovation. That result has not materialized yet. At that time, the EDPEC survey was a new instrument. The target was set with only 2 quarters of EDPEC data available. The previous patient experience survey results were not comparable. The UCC leadership will explore the EDPEC data further to understand which responses are most closely correlated with overall satisfaction and where to target improvement efforts. Some Q4 indicators of efficiency remained 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. Patient safety indicators at both sites emphasize medication reconciliation which is an effective way of reducing medication discrepancies; thereby, enhancing patient safety. Some Q4 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.

### **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, for the most part. Continuous improvement is a journey that spans fiscal years. Many QIP indicators will continue to be monitored in 2018-19. Targets have been established and robust change plans developed for those indicators.

**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.

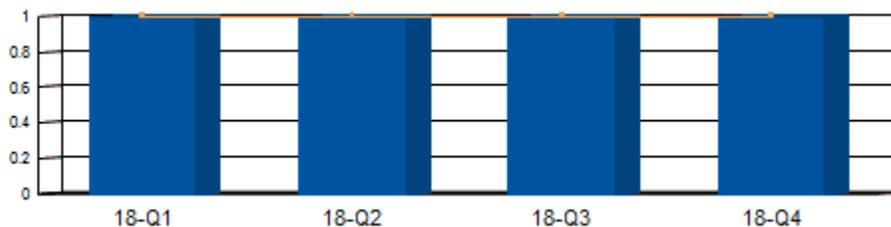
**Target:** Target 17/18: 75% Perf. Corridor: Red <=9 indicators , Yellow 9 - 12 indicators , Green >= 13 indicators.

## Q4 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
18-Q2	1	1
18-Q3	1	1
18-Q4	1	1

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

The accreditation workplan continued to guide the final stages of accreditation preparation at KHSC in Q4. The focus of accreditation preparation in Q4 was ensuring survey readiness. Accreditation teams, supported by the Patient Safety and Quality accreditation team, continued to implement and monitor Action Plans stemming from the accreditation self-assessments. They compiled "evidence" documents to demonstrate compliance with the ROPs and standards. The KHSC Executive continued to monitor progress of workplans for high priority standards and ROPs. The accreditation survey schedule was finalized and site visit requirements were clarified and communicated. Required documents were assembled and uploaded to the Accreditation Canada portal. Mock accreditation survey "tracers" and preparation meetings were held to assist teams to prepare for their conversations with the surveyors. The communication plan continued to support the information requirements of board, board committees and members of the KHSC community.

#### **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 Q4 accreditation preparation milestones were met. The focus of the Q4 workplan was ensuring survey readiness.

#### **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.

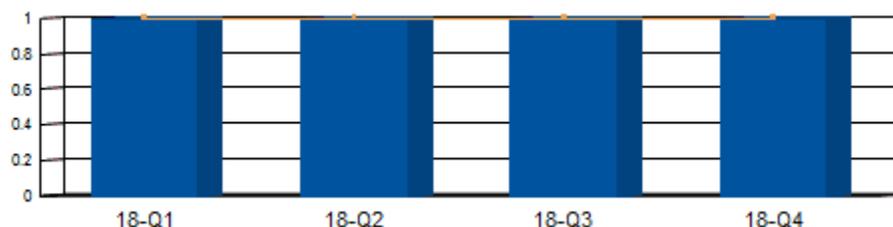
**Target:** Target 17/18: 100% of tactic workplan Perf. Corridor: Red No = 0 , Yellow In progress = BLANK with Yellow Status , Green Yes = 1.

## Q4 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
18-Q2	1	1
18-Q3	1	1
18-Q4	1	1

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

The Q4 tactic plan outlined monitoring of team engagement efforts, completing assessment of the integrated engagement strategy, setting metrics and tactics for 2018/19 (including how to operationalize). In addition, extending the leadership, performance, recognition and learning strategy across KHSC were elements for an integration strategy.

**Monitoring**  
To assist in monitoring engagement, we have worked with numerous teams on engagement in a variety of capacities, completed accreditation walkabouts and hosted drop in sessions with volunteers.

**Integrating**  
Work was completed to integrate awards such as Team Awards, Exceptional Healer, Community Showcase, leader 'desk drops' at year end and performance agreements.

**Executing**  
New programs were launched on Davies 4 FAVORS for volunteers, 'Leading Learning Moments' for Clinical Learning Specialists, and leadership 'Headstart' sessions.

**Planning**  
External conversations have occurred to determine approach for multi-site engagement surveys as part of the planning for the upcoming year and the target, indicators and tactics were created for the new Corporate 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:**

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 under legislation. 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. Engaged people fuel performance but a survey alone doesn't change behavior, improve outcomes or lead to cultural change. The call for engagement is also embedded in the Leadership standards for Accreditation, and embedded in our quest for Quality by achieving the Quadruple aim including improving the experience of providing care - engagement of our workforce.

#### **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.

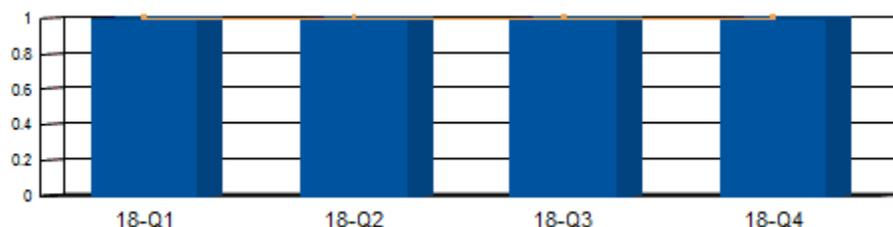
**Target:** Target 17/18: 100% of tactic workplan Perf. Corridor: Red No = 0 , Yellow In progress = BLANK with Yellow Status , Green Yes = 1.

## Q4 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
18-Q2	1	1
18-Q3	1	1
18-Q4	1	1

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

Clinical innovation will help us transform the culture at KHSC to one that sees opportunities and empowers staff, physicians and others to explore opportunities and implement changes to improve the quality of care directly or indirectly.

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

Dr. Elizabeth Eisenhauer, Innovation Lead, commenced employment at KHSC on 2nd Jan 2018 as the KHSC Innovation Lead. Dr. Eisenhauer was appointed as an Officer of the Order of Canada in the Governor General's New Year appointments list for her leadership and advancement of research in oncology in Canada. She has consulted with multiple influential health leaders regarding innovation, locally, provincially, nationally and internationally, and has made presentations to the Board of KHSC, the MAC and other influential committees on a proposed framework for innovation 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 are at a more advanced planning stage than anticipated.

**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.

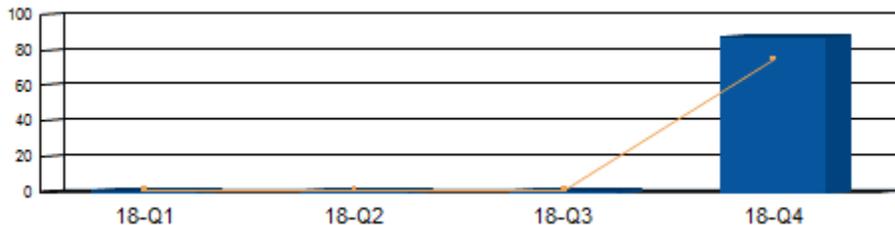
**Target:** Target 17/18: 100% of tactic workplan Perf. Corridor: Red No = 0 , Yellow In progress = BLANK with Yellow Status , Green Yes = 1.

## Q4 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
18-Q2	1	1
18-Q3	1	1
18-Q4	87	75

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

The care patients receive while in hospital is excellent. However, patients who require different levels of care over an extended period of time in multiple settings may have 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 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:**

The team finalized the transfer of care model including criteria for transporting patients across sites and continue to work with Criticall Ontario to update a hip fracture agreement. The pilot project to implement the order set based on the provincial QBP digital order set and the KHSC pre & post surgery order sets is ongoing and progressing well.

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

Work continues to evolve to ensure that standardized care is provided to patients presenting with Hip Fractures. This includes ordersets for both Hip Fractures and Surgery Ordersets.

**Definition:** DATA: Decision Support COMMENTS: Silvie Crawford EVP: Silvie Crawford 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%).

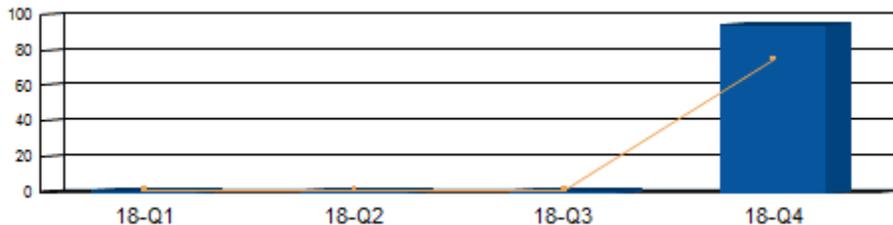
**Target:** Target 17/18: 100% of tactic workplan Perf. Corridor: Red No = 0 , Yellow In progress = BLANK with Yellow Status , Green Yes = 1.

## Q4 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
18-Q2	1	1
18-Q3	1	1
18-Q4	94	75

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

The care patients receive while in hospital is excellent. However, patients who require different levels of care over an extended period of time in multiple settings may have difficulty 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.

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

We continue to use the acute admission order set for COPD. The critical care ventilated COPD patient order set has been drafted and input is being provided by key stakeholders. The discharge order set and the inpatient care pathway for the KGH site are in development. A plan to optimize COPD care in the region includes adoption of the INSPIRED program in the next fiscal year. Work is underway to rollout INSPIRED that equips patients to better manage their illness by providing them with action plans, phone calls after discharge, at-home education & support, and advance care planning.

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

Work continues to evolve ensuring that standardized care is provided to COPD patients. This includes both the COPD and Medicine ordersets.

**Definition:** DATA: Decision Support COMMENTS: Silvie Crawford EVP: Silvie Crawford 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.

## Q4 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
18-Q2	1	1
18-Q3	1	1
18-Q4	100	100

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

The introduction of the integrated clinical Palliative Care Pathways and Clinical Nurse Specialist (CNS) to selected inpatient units was initiated in January 2018. Based on a rapid PDSA cycle and analysis approach (by day and week), we increased the start-up units from 2 to 4 by week 3 of the implementation. The implementation is focused only on General Internal Medicine Clinical Teaching Units (GIM-CTU) and this was based on the case finding results.

All admissions to the 4 units were screened using the disease specific Pathways.

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

646 (100%) of admissions to 4 GIM-CTUs were screened, Jan - March 31, 2018. 118 (18%) patients were identified as benefiting from a palliative care approach.

The Palliative Medicine Team's CNS triages the identified patients into three categories: (i) notifying GIM team with no need to follow; (ii) CNS sees patients; (iii) CNS recommends a referral to Palliative Medicine for consultation. There is no added work generated for front line staff.

Based on our current process, we estimate that the CNS is seeing patients within 48-72 hours of admission. Activities with patients/caregivers include explaining disease trajectory, discussing goals of care, advance care planning, discharge needs and family conferences. Interaction with residents, medical students, attending staff and nurses includes discussions on symptom management, Palliative Performance Scale and family conferences.

Overall, the acceptance of the CNS and the Palliative Care Pathways has been very successful. Patients/caregivers express appreciation to the CNS for the time spent in understanding their disease and working towards goals of care and advance care planning. The GIM endorsed the CNS to move ahead with seeing any patient that flagged and that she felt needed to be seen with notification on the MDs order form only. We are seeing an increase in referrals from GIM and interdisciplinary team members for patients within and outside the scope of the pathways.

#### 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 absolutely on track and we continue to follow our tactic and project plan. As we move through PDSA cycles, we are constantly strategically planning the spread within inpatient units and for future ambulatory clinics. We are working closely with the SE LHIN on a discharge pathway and triaging for the patients that are identified by the Pathways and discharged back to their own residence.

**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%.

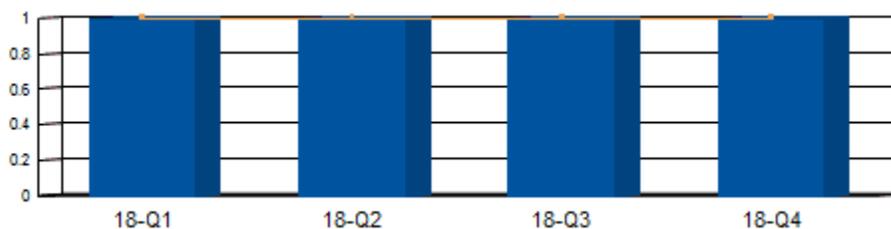
**Target:** Target 17/18: 100% of tactic workplan Perf. Corridor: Red No = 0 , Yellow In progress = BLANK with Yellow Status , Green Yes = 1.

## Q4 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
18-Q2	1	1
18-Q3	1	1
18-Q4	1	1

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

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 (collectively the Founding Partners) for approval by the end of F2019. Pending approval to operationalize the IRI, permission was also granted 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.

In Q2, IRI working groups were identified and established for Governance/Operations, Finance, and HR. The first set of working group sessions was held in Q2. The working groups are currently validating the detailed financial contribution analysis, budget and strategic governance model for the IRI, finalizing the IRI organizational structure, drafting the IRI's strategic plan and identifying key research priorities, and identifying the various service level agreements required to be put into place between the IRI and the Founding Partners. Future work will also include revising the existing affiliation and intellectual property agreements between the IRI and the Founding Partners. The draft operating agreement is being finalized and will be ready for review by the Founding Partners in Q4. Submission to Corporations Canada to create the new legally-incorporated entity occurred in Q2. The Founding Partners agreed upon the legal name of the IRI to be "Queen's Health Partners Research Institute". A draft application to CRA for charitable status is being completed and will be submitted after formal approval from the Founding Partners.

In Q3, the draft operating agreement was revised and is currently under review by Queen's senior management. It should be ready for review and finalization by the Founding Partners in the fall 2018. Submission to Corporations Canada to create the new incorporated entity as a charity occurred in the fall 2017 and the letters patent for Queen's Health Partners Research Institute were issued on November 14th, 2017. An "Application for Advanced Ruling" will be submitted to Canada Revenue Agency (CRA) before the end of the fiscal seeking provisional approval to proceed with formal submission of an application for approved research institute status. We anticipate a Ruling within 90 days following submission. An application seeking charitable status designation from CRA is also in preparation. The focus on the last fiscal will be service level agreements.

In Q4, EY and Borden Ladner Gervais (BLG) developed and submitted the CRA application for Advanced Ruling for receiving eligibility status for Scientific Research and Experimental Development (SR&ED) credits. Going this route allowed for us to receive feedback on our draft CRA application to see if it met CRA's requirements for SR&ED. On February 5th, 2018 we received feedback from EY that there are only two minor revisions required to be made to the CRA application (based on feedback EY received from CRA) before EY can re-submit for formal approval. The CRA application for charitable status and the Government of Ontario's Ministry of Revenue application for Ontario Business Research Institute Tax Credit (OBRTIC) status still needs to be submitted and is currently being drafted by EY and BLG. We expect the submission to occur in parallel with the re-submission of the SR&ED application to CRA, likely to occur in the summer 2018. Our local project team has also been working with key HR and finance stakeholders at KHSC, PC, and Queen's (including the Faculty of Health Sciences) on developing the organizational structure and employee transition plan (for the core research executive and administration team), finalizing the operating agreement and governance structure, and creating a potential list of service level agreements (SLAs) required between the Founding Partners and QHPRI. In addition, the teams have been developing a costing template to validate research support services that will/will not change once QHPRI is operational, shaping QHPRI's base budget, and determining the contributions from each Founding Partner to QHPRI. Other activities for F2019 still include revising the existing affiliation agreement, developing QHPRI's strategic framework, marketing/communications, fundraising, and procurement plans and dissolution of the existing hospital research institutes.

## Q4 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

#### 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 Q4, we have implemented all milestones we planned to achieve during F2018. Once operational, Queen's Health Partners Research Institute 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. Queen's Health Partners Research Institute 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 met our target by year end.

**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.

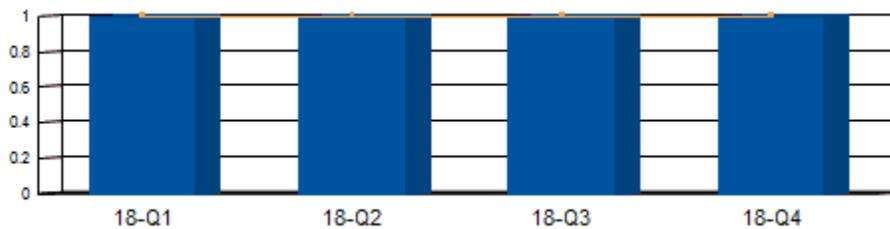
**Target:** Target 17/18: 100% Perf. Corridor: Red No = 0 , Yellow In progress = BLANK with Yellow Status , Green Yes = 1.

## Q4 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
18-Q2	1	1
18-Q3	1	1
18-Q4	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. KHSC and Queen's Faculty of Health Sciences are implementing the next phase of multi-source feedback for our residents in the assessment process for CBME.

This will include having nursing provide constructive feedback to the residents that will coincide with their evaluations from the attending physicians.

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

We are currently on track with the implementation of CBME. The Postgraduate Medical Education (PGME) Accreditation, by the Royal College of Physicians and Surgeons of Canada, of our residency programs at KHSC and Queen's University took place in March of 2018. The initial feedback from the accreditors was very positive for how well the CBME has been implemented across all residency training programs.

### 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 with the implementation of CBME and completed the Postgraduate Medical Education (PGME) Accreditation with exemplary results

**Definition:** DATA: Chris Gillies COMMENTS: Chris Gillies 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 of 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

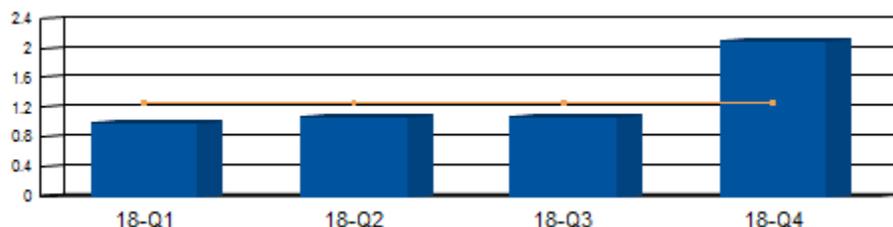
**Target:** Target 17/18: 100% of tactic workplan Perf. Corridor: Red No = 0 , Yellow In progress = BLANK with Yellow Status , Green Yes = 1.

## Q4 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
18-Q2	1.06	1.25
18-Q3	1.06	1.25
18-Q4	2.1	1.25

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

As part of the business case for integrating KGH and HDH to form the new KHSC, a financial savings of \$3.7 million over three years was targeted. This year, KHSC is aiming to achieve \$1.25 million of those savings by streamlining operations in a few key areas. An IT systems review will be conducted that will assist to harmonize the corporate information systems such as payroll, human resource and financial management systems. Continue to review departments and processes across both sites to identify additional opportunities to integrate corporate services and find operational efficiencies. An Integration Systems Steering Committee is in place and is guiding the review of the business systems integration.

**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 Q4, \$2.1M of savings have been achieved against the 2017/18 target of \$1.25M. Many integration opportunities were identified and implemented in 2017/18.

**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, savings target of \$1.25M target has been achieved.

**Definition:** DATA: Steve Miller COMMENTS: Steve Miller EVP: Steve Miller 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)

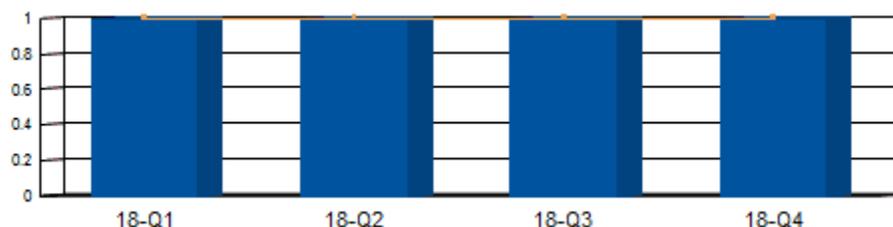
**Target:** Target 17/18: 100% of tactic workplan Perf. Corridor: Red No = 0, Yellow In progress = BLANK with Yellow Status, Green Yes = 1.

## Q4 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
18-Q2	1	1
18-Q3	1	1
18-Q4	1	1

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

The Q4 targets included having a fully functioning Operations Committee structure in place (SOC) which has met consistently and is now assessing other alignments such as Joint Program Council's mandate. The overall Leadership model is also now in place and the organizational chart has been updated. Another target for leadership development was to support decision making competencies and the ethical decision-making framework (ASSIST) was introduced to the organization and presented to leaders. Further practical sessions for more education beyond leaders will occur in the 2018-19 year.

In the 5 touch stone surveys completed in Q4, it reflects a positive shift in engagement and highlights the connection with coworkers and teams as a driver of positive engagement in addition to the other known drivers (recognition, communication, decision-making etc).

#### **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, support 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.

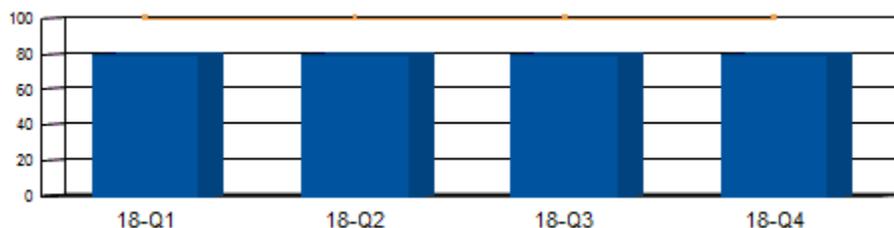
**Target:** Target 17/18: 100% Perf. Corridor: Red No = 0 , Yellow In progress = BLANK with Yellow Status , Green Yes = 1.

## Q4 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
18-Q2	80	100
18-Q3	80	100
18-Q4	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.

The plan to complete the Value Based Analysis (VBA) for a regional Hospital Information System (HIS) was completed on schedule. All six South East Local Integrated Health Network (SE LHIN) hospital Boards approved final motions during Q4 to proceed as a Cluster, work as partners to agree on management and governance structures, participate in a regional financial initiative to optimize HIS affordability and issue a request for proposal for a single HIS solution. Steps are underway to begin procurement.

The eReferral automation project will improve communication between the SE LHIN Home Care team and Kingston Health Sciences Centre (KHSC) by replacing a paper-based referral process with an electronic solution. The initial target date was August 2017 however due to scheduling delays attributed to Home and Community Care realignment with the SE LHIN and previous Health Shared Services Ontario (HSSO) commitments project targets were affected. Positive progress is being made as technology testing began in Q4. A final go live date will be determined in the first quarter of fiscal 2019 in partnership with the SE LHIN and HSSO.

The Business Systems Integration project focuses on supporting the identification and planning of KHSC Business Systems for Finance, People Services and Strategy Management/Communications. The goal is to have a subset of projects identified by the end of the fiscal year. In terms of progress, the initiative is on target as multiple projects have been selected and are currently either in a planning, execution or closing phase.

The IT Integration project focuses on enabling a single Email, Active Directory Domain, security best practices and technology architecture. The second phase of the project to address new email addresses and Active Directory domain was completed on February 10 as planned and was successful. The next step for the project is to transition workstations (KHSC Laptops, PCs, etc.) and deploy Multi-Factor Authentication (MFA) ensuring our network is following security best practices. MFA was piloted in March with the physician group and is scheduled to be fully implemented across the organization by June 30, 2018.

The Hotel Dieu WiFi project was successfully completed on July 4, 2017 and closed by the end Q2.

#### 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 eReferral project go live is dependent on external Health Shared Services Ontario (HSSO) commitment and was not completed by the end of Q4.

#### 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 4 of the 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

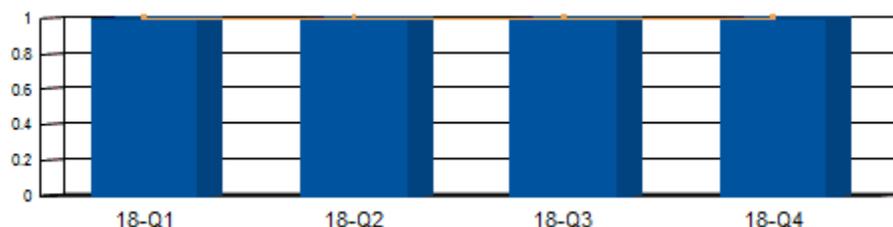
**Target:** Target 17/18: 100% Perf. Corridor: Red <60% , Yellow 60% to 79% , Green >= 80%.

## Q4 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
18-Q2	1	1
18-Q3	1	1
18-Q4	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, our aim was to submit the functional program for our Phase 2 redevelopment project to the Ministry of Health and Long-Term Care by the end of September 2017. Phase 2 includes plans for a new emergency department, neonatal intensive care unit, labour and delivery facilities, labs, pharmacy and operating rooms.

#### 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 Stage 2 Phase 2 submission was made to the MOHLTC and SE LHIN on September 29, 2017. We have received and responded to all questions related to the submission and have been notified that the SE LHIN and MOHLTC are satisfied overall. A meeting was held on March 1 2018 with the Ministry of Health Capital Branch representatives and Infrastructure Ontario (IO) to discuss the process and agree to timelines associated with the development of an MOU with IO that will set out KHSC's relationship with them over the course of the Phase 2 Redevelopment project. A signed MOU with IO is a positive step forward in the overall planning process. We are on track to have a signed MOU with IO by June. SELHIN Board approval for the Stage 2 submission is expected in late May.

KHSC Board and Queen's University Board of Trustees approved the Capital Redevelopment Agreement and MOU related to replacement of Etherington Hall and overall relationship during the Phase 2 redevelopment in March 2018.

#### 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.

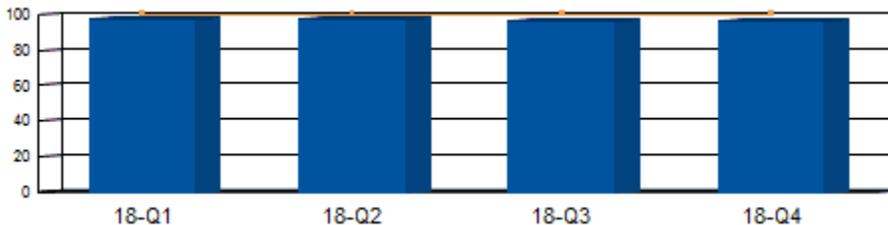
**Target:** Target 17/18: 100% Perf. Corridor: Red No = 0 , Yellow In progress = BLANK with Yellow Status , Green Yes = 1.

## Q4 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	98.0	100
18-Q2	97.0	100
18-Q3	96.9	100
18-Q4	95.9	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:**

Available resources across KHSC continue to be assessed for optimal utilization and activity has been realigned to support and optimize from an integration perspective.

**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 have met our target.

**Definition:** DATA: Decision Support - Lana Cassidy COMMENTS: Silvie Crawford EVP: Silvie Crawford 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 reperitiation; 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.

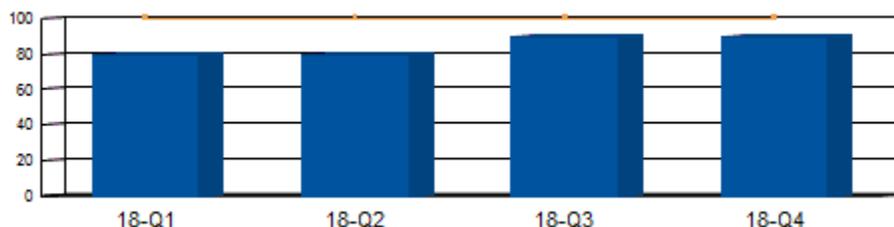
**Target:** Target 17/18: 100% Perf. Corridor: Red <90% , Yellow 90-95%, Green >=95%.

## Q4 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
18-Q2	80	100
18-Q3	90	100
18-Q4	90	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.

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. The results report the percentage of leaders that have been asked that have made a gift. The results reported are the percentage of leaders that have been asked and have made a gift.

#### **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 response we have received from leaders is very positive. Members of this group that have not been contacted will be reached out to next.

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

**Definition:** DATA: Dale Best COMMENTS: Dale Best EVP: Denise Cumming 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%.

## Q4 FY2018 Strategy Performance Indicators Report

**Status:**

**N/A**

Currently Not Available



Green-Meet Acceptable Performance Target



Red-Performance is outside acceptable target range and require



Yellow-Monitoring Required, performance approaching