

fiscal
2018-2019 **Q2**
2nd quarter ended September 30, 2018

KHSC **this** quarter



Strategy Performance Report



Hôpital
Hotel Dieu
Hospital



Hôpital Général de
Kingston General
Hospital

Kingston Health
Sciences Centre

Centre des sciences de
la santé de Kingston

| | |
|--|-------------|
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Strategic Direction 1

Improve the patient experience through a focus on compassion and excellence

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

Strategic Performance Indicators

| | |
|--|---|
| Percentage of QIP indicator targets achieved | 3 |
| Accreditation sustainability plan meets quarterly milestones | 4 |

Strategic Direction 2

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

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

Strategic Performance Indicators

| | |
|--|---|
| All KHSC leaders complete team engagement action plans | 5 |
|--|---|

Strategic Direction 3

Enable clinical innovation in complex-acute and specialty care

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

Strategic Performance Indicators

| | |
|--|---|
| Clinical innovation portfolio development process meets quarterly milestones | 6 |
|--|---|

Strategic Direction 4

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

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

Strategic Performance Indicators

| | |
|--|---|
| Percent of admitted patients with the most responsible diagnosis of hip fracture receive surgery within 48-hours | 7 |
|--|---|

Strategic Direction 5

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

Strategic Performance Indicators

All required resources are in place at KHSC to support the multisource feedback component of Competency-Based Medical Education (CBME) 8

All legal and operational documents are in place, approved and QHPRI is ready to launch 10

Strategic Direction 6

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 12

Enabling High Performance

People

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

Strategic Performance Indicators

Percent of vacancies at KHSC 13

Enabling High Performance

Technology

Outcome: Rapid transmission of information improves care & operational efficiency

Strategic Performance Indicators

Strategic Technology project plans meet quarterly targets 14

Enabling High Performance

Facilities

Outcome: Phase 2 redevelopment preliminary designs are complete

Strategic Performance Indicators

Required steps in the procurement process meet quarterly milestones 15

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Enabling High Performance

Finance

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

Strategic Performance Indicators

The operational budget is balanced, and the capital spending capacity achieved is \$17.5 million 16

Expenses not to exceed revenue 17

Enabling High Performance

Philanthropy

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

Strategic Performance Indicators

All employees are given a personalized communication offering options to support the hospital through UHKF 18

Indicator Status Legend 19

Q2 FY2019 Strategy Performance Indicators Report

| Strategic Direction | 2019 Outcome | Indicator | 18-Q2 | 18-Q3 | 18-Q4 | 19-Q1 | 19-Q2 |
|---|---|--|-------|-------|-------|-------|-------|
| Improve the patient experience through a focus on compassion and excellence | KHSC is a top performer on the essentials of quality, safety, & service | Percentage of QIP indicator targets achieved | N/A | N/A | N/A | Y | R |
| | | Accreditation sustainability plan meet quarterly milestones | N/A | N/A | N/A | G | G |
| 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 | All KHSC leaders complete team engagement action plans | N/A | N/A | N/A | G | G |
| Enable clinical innovation in complex-acute and specialty care | KHSC is positioned as a leading centre for complex-acute & specialty care | Clinical innovation portfolio development process meets quarterly milestones | G | G | G | G | G |
| 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 | Percent of admitted patients with the most responsible diagnosis of hip fracture receive surgery within 48-hours | G | G | G | G | G |
| 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 purposes of Scientific Research and Experimental Development | All required resources are in place at KHSC to support the multisource feedback component of Competency-Based Medical Education (CBME) | N/A | N/A | N/A | G | G |
| | | All legal and operational documents are in place, approved and QHPRI is ready for launch | N/A | N/A | N/A | G | G |
| Contribute to and support 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 | G |
| People | Empower our people and patient partners to improve the patient experience | Percent of vacancies at KHSC | N/A | N/A | N/A | G | G |
| Technology | Rapid transmission of information improves care & operational efficiency | Strategic Technology project plans meet quarterly milestones | G | G | G | G | G |
| Facilities | 9 The Phase 2 redevelopment design process is underway | Required steps in the procurement process meet quarterly milestones | N/A | N/A | N/A | Y | R |
| Finance | KHSC is a top operational performer amongst Ontario teaching hospitals | The operational budget is balanced, and the capital spending capacity achieved is \$17.5 million | N/A | N/A | N/A | G | G |

| Finance | KHSC is a top operational performer amongst Ontario teaching hospitals | Indicator | | | | | 18-Q2 | 18-Q3 | 18-Q4 | 19-Q1 | 19-Q2 |
|--------------|--|--|--|--|--|--|-------|-------|-------|-------|-------|
| | | Expenses not to exceed revenue | | | | | N/A | N/A | N/A | G | G |
| Philanthropy | 11 The KHSC employee giving campaign is launched | All employees are given a personalized communication offering options to support the hospital through UHKF | | | | | N/A | N/A | N/A | G | G |
| | | | | | | | | | | | |

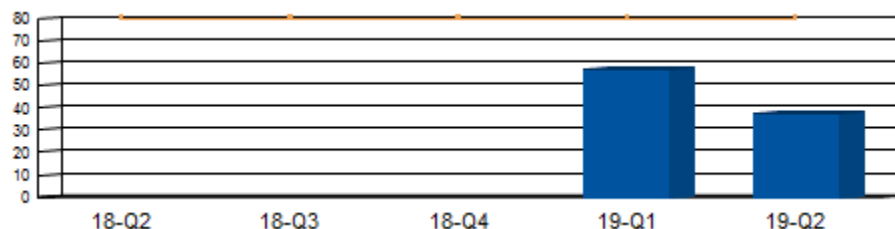
| SPR | | | | QIP | | | SAA | | |
|-----|------|------|------|------|------|------|------|------|------|
| F19 | | | | F19 | | | F19 | | |
| | Q1 % | Q2 % | Q2 # | Q1 % | Q2 % | Q2 # | Q1 % | Q2 % | Q2 # |
| R | 0% | 14% | 2 | 0% | 0% | 0 | 35% | 26% | 18 |
| G Y | 100% | 86% | 12 | 100% | 100% | 8 | 61% | 70% | 48 |
| N/A | 0% | 0% | 0 | 0% | 0% | 0 | 4% | 4% | 3 |
| | | | 14 | | | 8 | | | 69 |

Q2 FY2019 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: Percentage of QIP indicator targets achieved



| | Actual | Target |
|-------|--------|--------|
| 18-Q2 | | 80 |
| 18-Q3 | | 80 |
| 18-Q4 | | 80 |
| 19-Q1 | 57.0 | 80 |
| 19-Q2 | 37.5 | 80 |

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

Indicators identified in the Quality Improvement Plan (QIP) speak to the commitment of KHSC to improve 4 dimensions of quality: effectiveness, patient centeredness, safety, and timeliness.

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 2018 19 QIP contains 3 indicators that address effectiveness. Q2 data is not available for those indicators only. Q2 data are not yet available for the % of patients that responded positively to the question, "Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital?" due to the delay between the patient's care and the receipt of the patient's completed survey. Q1 data is the most recent available data. Q1 performance did not meet target; however, a number of improvements are being actively worked on to achieve this target. The comments section of this indicator discusses tactics and progress associated with this indicator. Readmission data for COPD and Mental Health and Addictions patients is not available.

The 4th indicator of patient centeredness, home support for patients requiring palliative care, met the target. This indicator will continue to be monitored as part of a strategic initiative to expand access to Palliative Medicine and palliative care approaches.

The 2018 19 QIP contains two safety indicators, one that addresses safe patient care and one that addresses workplace safety. Q2 performance exceeded targets for medication reconciliation at discharge. Q2 performance is below the target for # of workplace violence incidents reported by workers within a 12 month period. However, it is difficult to know if this reflects a problem (e.g. employees are reluctant to report incidents of violence) or an improvement (e.g. there are fewer incidents of violence to report). The comments section of the Workplace Violence indicator contains a discussion of the tactics and progress associated with this indicator.

The 2018 19 QIP contains one indicator of timeliness: # days from clinic appointment until dictated clinic letter has been verified. Timely communication improves continuity of care and patient safety by ensuring prompt awareness of changing care plans and medications. However, timeliness of communication is challenging to measure. We are collecting baseline data this year prior to setting an improvement target.

The QIP contains four indicators of patient centeredness. 3 indicators reflect patient perceptions of experience measured using standardized patient experience surveys in 3 areas of KHSC: inpatient, Emergency Department (KGH site) and the Urgent Care Centre (HDH site). Q2 data are not yet available due to the delay between the patient's care and the receipt of the patient's completed survey. Q1 data is the most recent available data. The % of patients that would recommend KHSC to friends and family fell short of the target in the three areas surveyed. Survey results will continue to be reviewed to identify improvement opportunities. The comments sections of the indicators discuss the tactics and progress associated with these indicators.

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. Note: 3 of the 10 indicators on the 2018-19 QIP do not have targets because KHSC is collecting baseline data.

Definition: DATA: Decision Support COMMENTS: Janine Schweitzer EVP: Brenda Carter REPORT: SAA INDICATOR

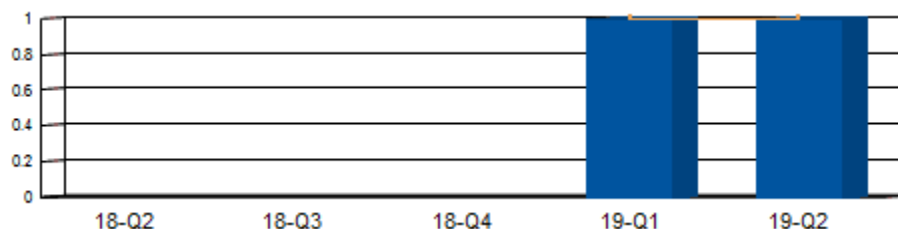
Target: Target 18/19: 80% Perf. Corridors: Red <=50% Yellow 51-74% Green >=75%

Q2 FY2019 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 sustainability plan meet quarterly milestones



| | Actual | Target |
|-------|--------|--------|
| 18-Q2 | | |
| 18-Q3 | | |
| 18-Q4 | | |
| 19-Q1 | 1 | 1 |
| 19-Q2 | 1 | 1 |

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

On June 29th, 2018 KHSC submitted an appeal to Accreditation Canada requesting that the rating of a number of standards be reviewed. KHSC did not receive a response until September 24, 2018. This delay required that the Q2 accreditation activities and accreditation sustainability plan milestones be adjusted. KHSC is on track to meet Accreditation Canada's evidence requirements and to achieve the sustainability plan milestones from this point on.

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

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

The goal is to develop an accreditation sustainability plan that ensures we learn from our most recent accreditation experience, build capacity, and embed accreditation standards and other quality standards into our quality planning and 'way of doing business' at KHSC.

Accreditation is a voluntary process for health-care organizations to assess care and service against national standards of excellence. Historically, many organizations have worked hard to prepare for accreditation surveys and have addressed recommendations and improvement opportunities contained in accreditation reports. Organizations have not often developed and implemented plans to maintain accreditation readiness. The consequence is a 4-year cycle of exhausting accreditation preparation followed by recovery. The goal is for KHSC to develop an accreditation sustainability plan that ensures we learn from our most recent accreditation experience, build accreditation leadership capacity, embed accreditation standards and other best practices in our quality planning and our 'way of doing business' at KHSC.

Milestones:

Q1: (1) Review, communicate and respond to the Accreditation Report. This includes: developing action plans for unmet standards and ROPs in accordance with Accreditation Canada timelines(s); (2) Create a quarterly dashboard to track 'unmet' high priority standards and ROPs that are identified in the Accreditation Report for discussion with Executive; maintain dashboard until all standards have been addressed. (3) Conduct, analyze and report results from a multi-faceted post survey evaluation to determine what worked well and didn't, e.g., walkabouts – frequency and format; accreditation binders; support provided by PSQR; communication

Q2: Update quarterly dashboard of 'unmet' high priority standards and ROPs and discuss with Executive

Q3: (1) Administer Patient Safety Culture Survey; analyze results, identify top 1 – 3 priorities for action with action plans. Seek executive endorsement. (2) Update quarterly dashboard of 'unmet' high priority standards and ROPs and discuss with Executive

Q4: (1) Review new/revised Accreditation Standards (released in January); provide standards to applicable areas; assess changes to standards, determine actions required to achieve compliance. Monitor the achievement of plans to achieve compliance with new standards. (2) Review relevant other standards and guidance documents that pertain to revised standards, e.g. HIROC Risk Assessment Checklists; QIP; Order Sets, etc. to identify work that may be underway and ensure key stakeholders are engaged in reviewing the accreditation standards.

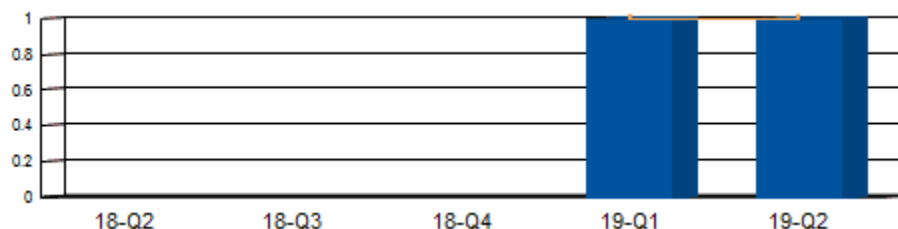
Target: Target 18/19: 100% of tactic workplan Perf. Corridor: Red No = 0 , Yellow In progress = BLANK with Yellow Status , Green Yes = 1.

Q2 FY2019 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: All KHSC leaders complete team engagement action plans



| | Actual | Target |
|-------|--------|--------|
| 18-Q2 | | |
| 18-Q3 | | |
| 18-Q4 | | |
| 19-Q1 | 1 | 1 |
| 19-Q2 | 1 | 1 |

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

Discussions regarding timing and survey tool were refined in the quarter and an opportunity to leverage work at Providence Care emerged. It is likely late winter will be the timing. The launch of the new KHSC strategy in September will be foundational for the next phase of engagement planning. Team engagement plan work was initiated. On September 12, World Mindfulness Day, we hosted multiple events across KHSC for leaders and staff to take part in live sessions with mindfulness experts. The learning management system upgrade and integration project continued to progress toward a mid-November go live date. The integrated recognition strategy was completed and began moving forward. Education sessions for volunteers occurred and on demand learning modules were updated for volunteer orientation. The Peer Partner program is now in place at HDH site. A new cohort of leaders will be taking the Workplace Mental Health Leadership Certificate program in Q3.

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. Engagement is the amount of discretionary effort given in your work. For quality improvement and achieving the Quadruple Aim we also must focus on improving the experience of providing care with people at the centre. Our focus on the work experience at the team level will more effectively bring to life the integrated engagement strategy leading to our people being inspired and proud to be a part of the KHSC community.

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

Yes. The actual engagement survey results will not be available until the subsequent fiscal year.

Definition: DATA: Micki Mulima COMMENTS: Micki Mulima EVP: Sandra Carlton, Mike Fitzpatrick REPORT: STRATEGY INDICATOR

Low levels of engagement poses a significant risk to patient care, internal service quality, and staffing budgets. Reducing the engagement gap must become part of risk management by hospital boards and executive teams (How Employee Engagement Matters for Hospital Performance by Graham Lowe PhD). Studies have shown that employee engagement decreases during times of significant change (such as during a merger or integration) and that these effects may linger. The percentage of highly engaged employees drops most within 3 6 months post M&A, and does not recover for up to 2 3 years which informs our expectations and future engagement plans.

We need to focus on the work experience at the team level to effectively bring to life the integrated engagement strategy leading to our people being inspired and proud to be a part of the KHSC community.

Research suggests that a highly engaged workforce benefits patients and leads to better patient outcomes while improving overall organizational performance. Engagement is the amount of discretionary effort employees give back to the organization in exchange for working in an environment that motivates and cares about them (Briner, 2014). That discretionary effort can have a positive impact on results.

Engaged people are the fuel for your performance engine. Consider your greatest workplace challenge or boldest initiative, be it reducing turnover, ramping up productivity or finding efficiencies or integrating sites. You can't meet your goal without first having a strategy in place to engage your people. Measurement should be part of that strategy, but a survey alone doesn't change behaviour, improve outcomes or lead to cultural change. The call for engagement is embedded in the standards from Accreditation – embedded in our legislation – and embedded in our quest for Quality and achieving not only the Triple Aim – improving the individual experience of care; improving the health of populations; and reducing the per capita cost of healthcare – but achieving the Quadruple aim of improving the experience of providing care – engagement of our workforce – people at the centre (BMJ, Quadruple Aim). Given this, creating and supporting a safe, healthy and caring work environment is a priority.

Milestones:

Q1: Establish timing for next survey and tool. Create team engagement plan template. Communicate expectations to leaders. Review and solidify corporate targets for volunteers, staff and physicians. Determine number of engagement plans targeted. Solidify integrated recognition strategy. Solidify learning enhancements. Continue with distributed leadership implementation. Host Leader and staff session on mindful leadership and resilience. Review workplace violence prevention plan.

Q2: Roll out team plans and timelines. Offer supports to leaders for completion. Build workplan for corporate plans. Determine communications strategy. Launch and rebrand LMS upgrade. Expand Peer Partner program. Target completion of team plans of 50%.

Q3: Conduct engagement survey (possible). Target team plan completion of 75%. Hold Leadership Days training. Create plan for non-violent crisis intervention sustainability training. Offer leadership training in mental health.

Q4: Conduct engagement survey (possible). Target team plan completion of 85%. Hold Leadership Days training. Communication of activities.

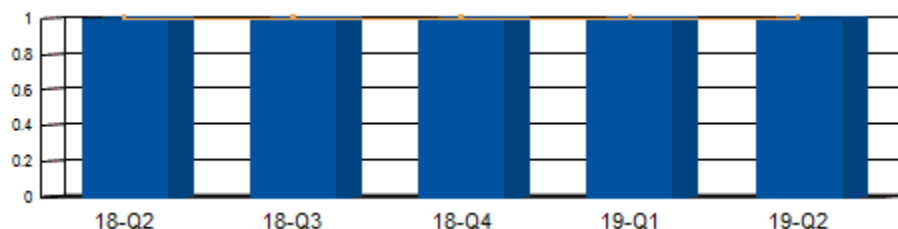
Target: Target 18/19: 100% Perf. Corridor: Red <=50%, Yellow 51-79%, Green >=80%

Q2 FY2019 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 portfolio development process meets quarterly milestones



| | Actual | Target |
|-------|--------|--------|
| 18-Q2 | 1 | 1 |
| 18-Q3 | 1 | 1 |
| 18-Q4 | 1 | 1 |
| 19-Q1 | 1 | 1 |
| 19-Q2 | 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 that 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:

The target performance for Q2 was information gathering from external leaders & stakeholders. Dr. Eisenhauer, the Innovation Lead at KHSC, has consulted with influential health leaders regionally, provincially and internationally. She has prepared a draft plan for innovation at KHSC and presented that to the Medical Advisory Committee of KHSC and to the President's Council (which includes the senior executive leadership team) at KHSC. The draft plan for the innovation portfolio has met with the approval of the medical and administrative leadership 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. Dr. Eisenhauer's performance has exceeded expectations.

Definition:

DATA: Elisabeth Eisenhauer COMMENTS: Elisabeth Eisenhauer EVP: Mike Fitzpatrick REPORT: STRATEGY INDICATOR

To create a clear innovation portfolio that will address problems and gaps on delivery, engage staff and partners and drive towards better outcomes

Clinical innovation will help us transform complex-acute and specialty care services in response to changes in our healthcare system and current and projected population health demographics and emerging trends in health care improvements. This will help us to align our resources to meet the needs of patients and families today and into the future, and will help us to prioritize and invest in the cutting edge tools, approaches, partnerships, and services that deliver efficient, effective, and high quality care and to ensure optimal care integration with partners and other providers.

Milestones:

- Q1: Initial information gathering from internal stakeholders
- Q2: Information gather from external leaders and stakeholders
- Q3: Synthesis of information and initial straw dog portfolio developed
- Q4: Community/hospital feedback and town hall events to refine portfolio

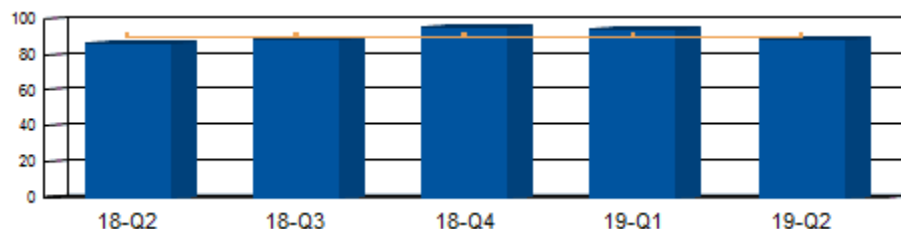
Target: Target 18/19: 100% of tactic workplan Perf. Corridor: Red No = 0 , Yellow In progress = BLANK with Yellow Status , Green Yes = 1.

Q2 FY2019 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: Percent of admitted patients with the most responsible diagnosis of hip fracture receive surgery within 48-hours



| | Actual | Target |
|-------|--------|--------|
| 18-Q2 | 86 | 90 |
| 18-Q3 | 89 | 90 |
| 18-Q4 | 95 | 90 |
| 19-Q1 | 94 | 90 |
| 19-Q2 | 89 | 90 |

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

We continue to follow the pathway and best practice guidelines for patients with a fractured hip as a primary diagnosis. This is a performance target that is monitored closely to ensure that we align with the target. We discuss this within the Perioperative Committee.

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 slightly below 90% but will monitor this very closely

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

We are on track to meet this target by year end.

Definition: DATA: Decision Support - Alex Ungar **COMMENTS:** Chris Gillies EVP: Silvie Crawford **REPORT:** STRATEGY INDICATOR

All patients who present to KGH site with a hip fracture and who have been booked for surgical intervention will receive treatment within 48 hours.

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. we will continue to work with our regional partners and build on the work that was completed last year to standardize the care and order sets used for hip fractures across the SE LHIN.

Milestones:

- Q1 Identify a clear care pathway for all hip fracture patients
- Q2 Ensure that the hip fracture pathway aligns with the Hip Attack Protocol
- Q3 Improved access to the OR for hip fracture patient prioritization
- Q4 All hip fracture patients will have been treated within 48hours either medically or surgically

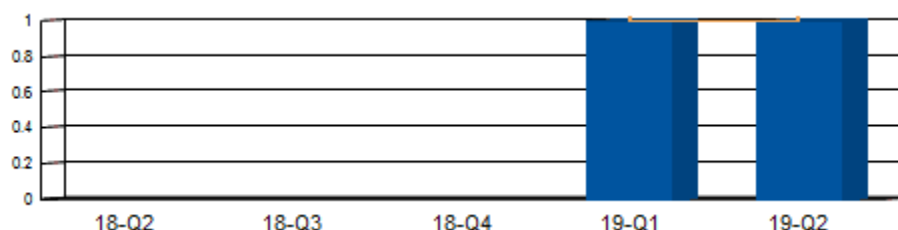
Target: Target 18/19: 90% Perf. Corridors; Red <60% Yellow 60-84% Green >=85%

Q2 FY2019 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 purposes of Scientific Research and Experimental Development

Indicator: All required resources are in place at KHSC to support the multisource feedback component of Competency-Based Medical Education(CBME)



| | Actual | Target |
|-------|--------|--------|
| 18-Q2 | | |
| 18-Q3 | | |
| 18-Q4 | | |
| 19-Q1 | 1 | 1 |
| 19-Q2 | 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. They are now 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 last year and this year, KHSC is working 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, allied health and patients providing 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 and The College of Family Physicians Canada, of our residency programs at KHSC and Queen's University took place in March of 2018. The feedback accreditors were 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 the next phase of CBME, focusing on obtaining feedback from nursing and allied health.

Q2 FY2019 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 purposes of Scientific Research and Experimental Development

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

Canada's medical education system is exceptional, however there are gaps and challenges within the current model that need to be addressed. Currently, we assume that the more time a learner spends on an activity, the more the learner absorbs and excels. Evidence suggests that our methods of training and lifelong learning can be improved — that's where CBME comes in.

The benefits of focusing on learning instead of time:

- Ensures competence, but teaches for excellence
- Supports physicians' skills and abilities to evolve throughout practice — enhancing care
- Responds to changing patient and societal needs
- Addresses gaps in the current system, like the "failure to fail" culture of resident education
- Reduces burden on faculties, promoting smoother credentialing and accreditation
- Increases accountability and promotes transparency in training

CBME helps specialists:

- Graduate without knowledge gaps
- Feel prepared for independent practice
- Receive timely and effective assessments and feedback
- Have a clear understanding of the learning objectives of their program
- Maintain needed clinical practice time
- Take a balanced approach to exam preparation
- Understand when new abilities and skills are needed in practice

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. Last year, together with the Queen's School of Medicine, KHSC implemented the competency-based medical education (CBME) training model. KHSC will work together with providers, teachers, and patients to respond to feedback and continuously improve the system.

Milestones:

Q1: Multi source feedback Plan Phase 1- Implement a process for Nursing to be included in the assessment process of residents, to align with the front line faculty/physician process. Follow up on any recommendation from the PGME RCPSC Accreditation when we receive the final report in Q1

Q2: Orientation and roll out of new Residents July 2018 - for second cohort of residents

Q3: Multi source feedback Plan Phase 2 - Establish a process for Allied Health to be included in the assessment process of residents, to align with the front line faculty/physician process

Q4: Multi source feedback Plan Phase 3 - Establish a process for Patients and Families to be included in the assessment process of residents, to align with the front line faculty/physician process

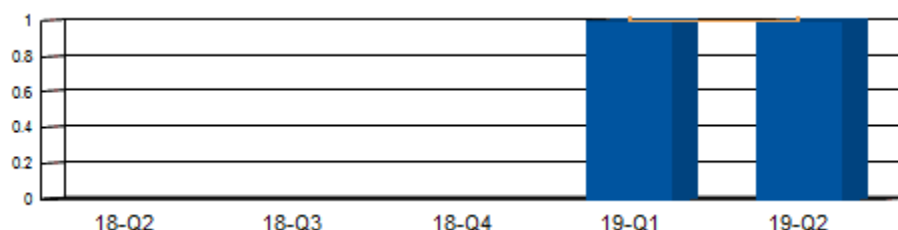
Target: Target 18/19: 100% Perf. Corridor: Red No = 0, Yellow In progress = BLANK with Yellow Status, Green Yes = 1

Q2 FY2019 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 purposes of Scientific Research and Experimental Development

Indicator: All legal and operational documents are in place, approved and QHPRI is ready for launch



| | Actual | Target |
|-------|--------|--------|
| 18-Q2 | | |
| 18-Q3 | | |
| 18-Q4 | | |
| 19-Q1 | 1 | 1 |
| 19-Q2 | 1 | 1 |

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

The letters patent for Queen's Health Partners Research Institute (QHPRI) were issued on November 14th, 2017. The three Founding Partners are Queen's University, Kingston Health Sciences Centre and Providence Care. Queen's Board of Trustees and the Hospital Boards gave approval to proceed with establishing QHPRI as a non-share capital corporation with charitable status and to develop draft operating, partnership and affiliation agreements to be presented to the Founding Partners for approval by the end of F2019. Pending approval to operationalize the QHPRI, permission was also granted to proceed with developing the documentation necessary to file for Canada Revenue Agency (CRA) accreditation as an approved research institute for the purposes of Federal and Provincial tax credits. This formal partnership between Queen's University and the Kingston Hospitals will be the first of its kind in Canada.

At the end of last fiscal, Ernst & Young (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. Based on the feedback we received from CRA, an endorsed operating agreement from the Founding Partners was required to be submitted to CRA for final approval for SR&ED.

In Q1, the final draft of the QHPRI operating agreement was completed by BLG and circulated to the Founding Partners for review and endorsement in principal. It is anticipated that the endorsed operating agreement will be submitted to CRA in Q2. 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 anticipate submission of the charitable application in Q2 and the OBRTIC application in Q3. Other activities planned over the next 6-9 months include developing the organizational structure and employee transition plan (for the core research executive and administration team), finalizing the governance structure, drafting the service level agreements (SLAs) required between the Founding Partners and QHPRI, validating the research support services that will/will not change once QHPRI is operational, creating QHPRI's base budget (and 5-year plan), and determining the annual contributions from each Founding Partner to QHPRI. Other activities planned include revising the existing affiliation agreement, developing QHPRI's strategic framework, marketing/communications, fundraising, and procurement plans, and preparation for the dissolution of the existing hospital research institutes.

In Q2, the QHPRI operating agreement was ratified and endorsed by the Founding Partners and has been submitted to CRA as part of our Advanced Ruling application for SR&ED. We anticipate hearing back from CRA in Q3 in regards to a decision whether QHPRI will be automatically approved for SR&ED federal tax credits or we will be required to submit a formal application for final approval. The OBRTIC application will be drafted in Q3 and will be submitted to the Government of Ontario's Ministry of Revenue after our SR&ED approval has been obtained. The CRA application for charity status was drafted in Q2 and we expect the final draft to be circulated to the Founding Partners early in Q3 for approval prior to submission. In Q2 the staffing requirements were defined and options were presented to the Founding Partners for approval (final decision still pending). The Founding Partners also agreed upon a template for collecting the current spend on research and data was collected and validated. The Founding Partners agreed that the current spend would be used to developing the cost sharing of one-time and incremental (new) costs for QHPRI as outlined in the operating agreement. Across the three partners they are currently spending 20 million dollars annually to support research. Cost sharing by the partners was identified at Queen's 78.51%, KHSC 17.88% and PC 3.61%. The draft base budget was presented to the Founding Partners. The final budget and 5-year business plan will be finalized in Q3. The marketing, communications, and branding working group started discussions to develop a communications plan, brand and visual identity for QHPRI, and to develop more efficient and effective internal processes to facilitate better collaboration. Various models for branding have been presented to the Founding Partners (final decision still pending). Finally, draft sub-agreements/SLAs (support services, IP, trademarks, space, asset transfer, affiliation agreement) were developed and will be finalized and circulated to the Founding Partners in Q3. Presentations to the Founding Partners' Board Committees and Boards for an update are expected to occur in Q3.

Q2 FY2019 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 purposes of Scientific Research and Experimental Development

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 Q2, we have implemented all of the revised milestones we had planned to achieve during this quarter.

Once operational, QHPRI 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. QHPRI will also be a major contributor to the sustainability of health research in Kingston. Queen's University and the Kingston Hospitals have a long history of research collaboration but in today's competitive research landscape, the need for strategic partnerships that go beyond traditional research collaborations has become essential. To continue to produce world-class, collaborative research academic health sciences centres need to evolve and come together to ensure competitiveness and sustainability, advance innovation, transform and intensify research prominence, and have an impact on health systems.

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

Yes we are on track.

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

Creation of QHPRI would have a positive impact on health research in Kingston by attracting and retaining top research talent (scientists, staff, students, trainees), growing research revenues, increasing operational efficiency, streamlining governance and integrated strategies, and sustaining the research missions of all three founding partners.

QHPRI will be dedicated to building innovative partnerships and pursuing research excellence through a collaborative approach that leverages the combined strengths of its founding partners (Queen's University, Kingston Health Sciences Centre, and Providence Care). The founding partners 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.

Milestones:

Q1 (April-June 2018): Submission of applications to CRA for SR&ED, charitable and OBRITC status completed. Draft operating agreement completed and circulated to founding partners for review.

Q2 (Jul-Sep 2018): Approval from CRA for SR&ED, charitable and OBRITC status obtained. Language in operating agreement finalized. Existing Affiliation and Intellectual Property (IP) agreements revised and circulated to founding partners for review. Draft service level agreements (SLAs) completed and circulated to founding partners for review. QHPRI operational planning and governance structure completed.

Q3 (Oct-Dec 2018): Language in Affiliation and IP agreements finalized. Language in SLAs finalized. QHPRI strategic plan (including identified research themes/programs) completed. Presentation to founding partners' board committees and boards for endorsement to proceed to operationalize QHPRI occurred.

Q4 (Jan-Mar 2019): QHPRI marketing & communication plan completed. Founding partner boards (KHSC, PC and Queen's Trustees) provide approval to proceed to operationalize QHPRI. QHPRI inaugural Board of Directors and Research Advisory Council identified.

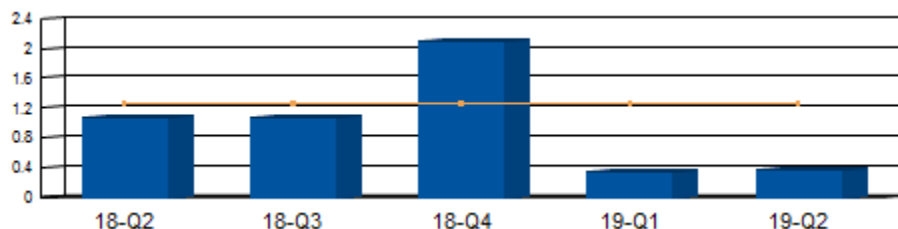
Target: Target 18/19: 100% Perf. Corridor: Red No = 0, Yellow In progress = BLANK with Yellow Status, Green Yes = 1

Q2 FY2019 Strategy Performance Indicators Report

Contribute to and support 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-Q2 | 1.060 | 1.25 |
| 18-Q3 | 1.060 | 1.25 |
| 18-Q4 | 2.100 | 1.25 |
| 19-Q1 | 0.338 | 1.25 |
| 19-Q2 | 0.374 | 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. In Year 1 of integration (2017/18), \$2.1M of savings were achieved. This year (2018/19), KHSC is aiming to achieve \$1.25 million of incremental savings by implementing additional savings opportunities. 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 Q2, \$.374M of annualized savings has been achieved against the annual 2018/19 target of \$1.25M. Savings opportunities will continue to be identified and implemented through 2018/19.

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, on track to meet \$1.25M target by year end.

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

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

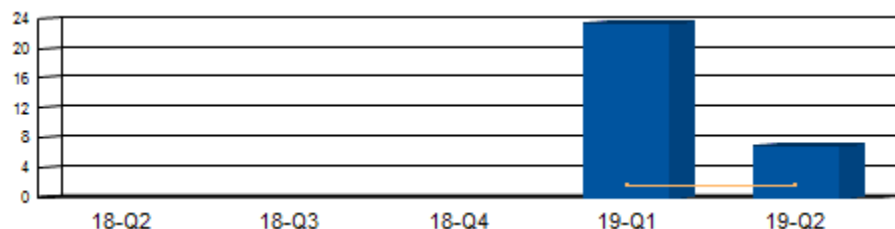
Target: Target 18/19: 100% Perf. Corridor: Red No = 0, Yellow In progress = BLANK with Yellow Status, Green >=\$1M savings.

Q2 FY2019 Strategy Performance Indicators Report

People

Empower our people and patient partners to improve the patient experience

Indicator: Percent of vacancies at KHSC



| | Actual | Target |
|-------|--------|--------|
| 18-Q2 | | |
| 18-Q3 | | |
| 18-Q4 | | |
| 19-Q1 | 23.5 | 1.5 |
| 19-Q2 | 7.0 | 1.5 |

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

In Q2 we continued with the "night with the CNE" sessions with July 18th for RPN students (turnout was 19 students of 25 total) and August 22nd for Queens "fast track" RNs (turnout was 9 students of 15 total). Post PLSERTA vote we did see a spike in internal movement to the HDH site. In Q3 we look to start out fall session of second/third year nursing student engagement at SLC and Queens.

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

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: Chris Garnett COMMENTS: Chris Garnett EVP: Sandra Carlton REPORT: STRATEGY INDICATOR

The objective is to decrease the number of outstanding vacancies within KHSC by 5%. Our outstanding vacancies have risen over the past two years. Our goal is to closely monitor the number of vacancies as well as employ strategies to increase the conversion rate of consolidation students to KHSC employees and attract outside talent.

We believe that creating a workplace where people feel empowered will improve the patient experience at KHSC. This year, we will continue our work on improving staffing and recruitment models. These improvements are consistent with building trust, driving engagement, improving employee morale and supporting more nimble decision-making, role clarity, efficiency and potential for innovation. We believe that we will also achieve a decrease in overtime costs related to posting schedules with many vacancies at the time of posting.

Milestones:

Q1: 1. "Touch basis" with 4th year consolidation students 2. Review reference check process 3. Participate in 2 "end of season" career fairs 4. Decrease of 1.5%

Q2: 1. "Touch basis" with 4th year consolidation students 2. Semi-annual focused recruitment mtgs with bottom 10 departments 3. Decrease of 1%

Q3: 1. "Touch basis" with 4th year consolidation students 2. Engagement events "nights" at SLC & Queens for 1st & 2nd year students 3. Participate in 3 career fair events 4. Decrease of 1.5%

Q4: 1. "Touch basis" with 4th year consolidation students 2. Participate in 6 career fair events 3. Semi-annual focused recruitment mtgs with bottom 10 departments 4. Engagement events "nights" at SLC & Queens for 3rd & 4th year students 5. Decrease of 1%

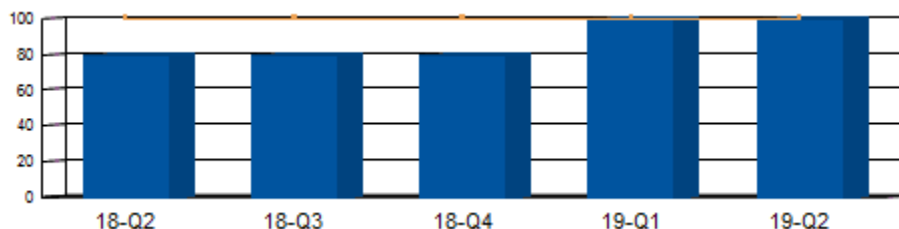
Target: Target 18/19: 5% annual reduction [225 Benchmark - 5%(11 or ~3/qtr) = 214] Perf. Corridors: Red <0.5% reduction Yellow 0.5% - 1.0% reduction Green >= 1.5% reduction

Q2 FY2019 Strategy Performance Indicators Report

Technology

Rapid transmission of information improves care & operational efficiency

Indicator: Strategic Technology project plans meet quarterly milestones



| | Actual | Target |
|-------|--------|--------|
| 18-Q2 | 80 | 100 |
| 18-Q3 | 80 | 100 |
| 18-Q4 | 80 | 100 |
| 19-Q1 | 100 | 100 |
| 19-Q2 | 100 | 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 our regional hospital partners to complete the procurement of a regional Hospital 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; and enabling technologies to support our Kingston Health Sciences Centre integration by consolidating core IT infrastructure and executing back-office business systems projects for Finance, People Services and Missions, Strategy and Communications.

The regional HIS project has progressed. The core project team was established and includes professional, legal and fairness services, as well as project management support. The project plan and financial model are complete and work to engage regional working groups, physicians and patients is under way. Next steps for Q3 include finalizing the RFP development and evaluation process.

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 system was put into full operational use in September and the project will be wrapped up by Q3.

The systems integration priority focuses on supporting the identification, planning and execution of KHSC Business Systems projects for Finance, People Services and Missions, Strategy and Communications as well as the consolidation of core IT infrastructure. The initiative is on target as multiple projects have been selected and are currently either in a planning, execution or closing phase.

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, 3 of the 3 projects are green indicating progress is on schedule and budget.

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 targets for 3 of the 3 strategic projects by year end. The HIS and Systems Integration projects will continue into the next fiscal year due to their size and number.

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

This tactic will ensure that the project delivery for the 3 strategic technology projects are initiated, planned, executed and closed according to KHSC PMO standards.

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; and harmonizing back-office business systems such as Finance, Payroll, Human Resources and web communications.

Milestones:

Q1: HIS - Assemble core team; eReferral - testing signed off; BSI - Safe Reporting Live

Q2: HIS - Complete Primary and Community Care engagements; eReferral - education launched + pilot group Live; Intranet - KHSC Site Live

Q3: HIS - Issue Regional HIS RFP (late Q3); eReferral - fully live and project closed

Q4: HIS - Finalize vendor selection

Target: Target 18/19: 100% Perf. Corridor: Red <33% , Yellow 60% to 79% , Green >= 80%.

Prior Targets:

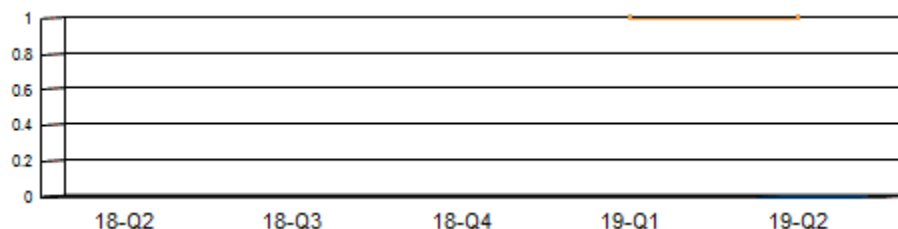
Target 17/18: 100% Perf. Corridor: Red <60% , Yellow 33% to 66% , Green > 66%.

Q2 FY2019 Strategy Performance Indicators Report

Facilities

9 The Phase 2 redevelopment design process is underway

Indicator: Required steps in the procurement process meet quarterly milestones



| | Actual | Target |
|-------|--------|--------|
| 18-Q2 | | |
| 18-Q3 | | |
| 18-Q4 | | |
| 19-Q1 | | 1 |
| 19-Q2 | 0 | 1 |

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

In order for the design process to begin, our Memorandum of Understanding with Infrastructure Ontario (IO) needs to be executed. The MOU defines our roles and responsibilities as Co-Sponsors of the project. IO updated their provincial MOU template this Spring and we received a draft on June 18, which eliminated the possibility of meeting the Q1 milestone to execute the MOU. The board approval process for the MOU started on October 12 and is expected to be complete following the November board meeting.

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

In Progress. IO submitted a draft RFP for the Planning, Design & Compliance Consultants on October 15. The RFP can't be issued to market until the MOHLTC approves the Stage 2: Functional Program submission. This approval has been delayed because of the provincial election.

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

No. If the RFP for the Planning, Design & Compliance consultants is issued early in Q3 we will achieve the Q3 milestone by the end of Q4, pushing the Q4 milestone into Q2 of FY2020.

Definition: DATA: Krista Wells COMMENTS: Krista Wells EVP: Krista Wells REPORT: STRATEGY INDICATOR

Existing ER, Surgical Suite, NICU, Labour & Delivery, Clinical labs and the Data Centre do not meet current design standards (CSA- Z8000) and must be replaced.

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. Phase 2 includes plans for a brand new neonatal intensive care unit, labour and delivery facilities, labs and operating rooms.

Milestones:

Q1: Execute Memorandum of Understanding with Infrastructure Ontario

Q2: Co-Sponsor the procurement of Planning, Design, Compliance Team (led by Infrastructure Ontario)

Q3: Co-Sponsor the procurement of Planning, Design, Compliance Team (led by Infrastructure Ontario), Begin development of Project Specific Output Specifications

Q4: Continue development of Project Specific Output Specifications

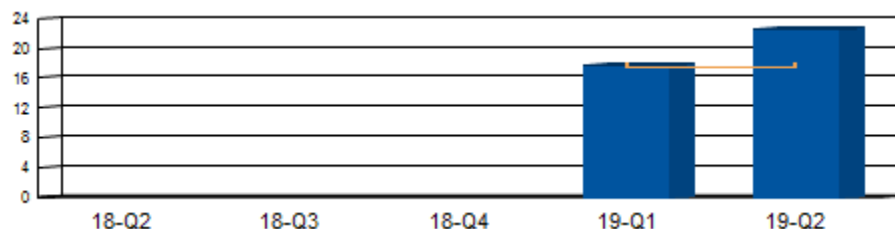
Target: Target 18/19: 100% Perf. Corridors: Red No = 0 Yellow In progress = BLANK with Yellow Status Green Yes = 1

Q2 FY2019 Strategy Performance Indicators Report

Finance

KHSC is a top operational performer amongst Ontario teaching hospitals

Indicator: The operational budget is balanced, and the capital spending capacity achieved is \$17.5 million



| | Actual | Target |
|-------|--------|--------|
| 18-Q2 | | |
| 18-Q3 | | |
| 18-Q4 | | |
| 19-Q1 | 17.7 | 17.5 |
| 19-Q2 | 22.5 | 17.5 |

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

The identification of additional operational efficiencies, Integration related savings, and support from UHKF assisted in increasing the level of internally generated (i.e. excluding HIRF funding) capacity for capital expenditure investment.

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

This level of capital spending exceeds the prior year level of investment capacity.

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

Including the new robotics purchase, the hospital has exceeded the annual target for internally generated capacity for capital expenditure investment.

Definition: DATA: J'Neene Coghlan COMMENTS: J'Neene Coghlan EVP: Silvie Crawford REPORT: STRATEGY INDICATOR

There is a gap between the current level of hospital funding and the amount estimated as required to balance the operational budget and sustain the current level of capital spending capacity.

Hospitals are required to achieve a surplus financial position in order to address the ongoing need for replacement of patient care related equipment, technology and facilities infrastructure.

Milestones:

- Q1: Review of Fiscal 2019 funding allocation; ability to direct funds to increase capital spending capacity
- Q2: Review of overall fiscal results; requirement to action items to facilitate increase in capital spending provision
- Q3: Review of overall fiscal results; requirement to action items to facilitate increase in capital spending provision
- Q4: Review of overall fiscal results; requirement to action items to facilitate increase in capital spending provision

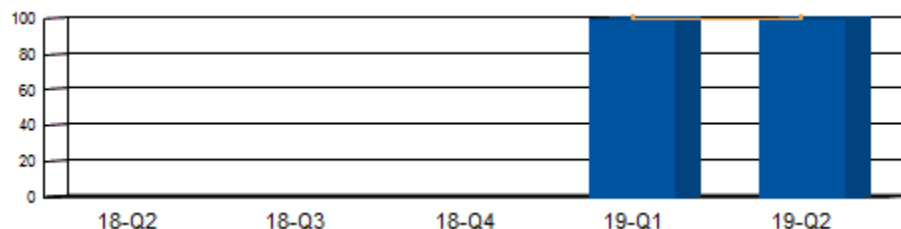
Target: Target 18-19: 100% Perf. Corridor: Red <\$14 million , Yellow \$14 to \$17.49 million , >=\$17.5 million

Q2 FY2019 Strategy Performance Indicators Report

Finance

KHSC is a top operational performer amongst Ontario teaching hospitals

Indicator: Expenses not to exceed revenue



| | Actual | Target |
|-------|--------|--------|
| 18-Q2 | | |
| 18-Q3 | | |
| 18-Q4 | | |
| 19-Q1 | 100 | 100 |
| 19-Q2 | 100 | 100 |

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

Management undertook to ensure that staffing and operating expenses incurred were within the updated budgeted allocation.

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

Taking into consideration the increased funding for this year, the programs under the MSAA are operating in a balanced budget position.

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

The programs falling under the MSAA agreement are on track to achieve a balanced operational position by year-end.

Definition: Plan for and achieve an Annual Balanced Budget for Multi-sector Service Accountability Agreement (MSAA) programs.

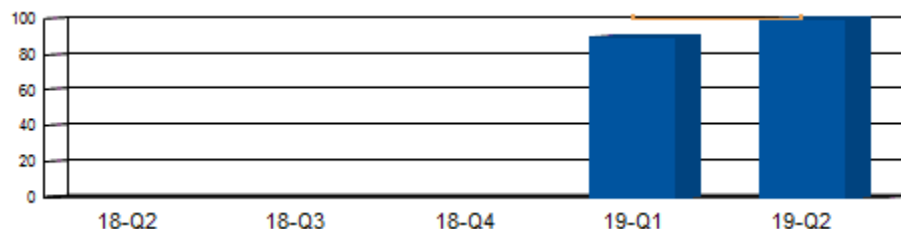
Target: Target 18/19: 100% Red <90% Yellow 90% - 99% Green 100%

Q2 FY2019 Strategy Performance Indicators Report

Philanthropy

11 The KHSC employee giving campaign is launched

Indicator: All employees are given a personalized communication offering options to support the hospital through UHKF



| | Actual | Target |
|-------|--------|--------|
| 18-Q2 | | |
| 18-Q3 | | |
| 18-Q4 | | |
| 19-Q1 | 90 | 100 |
| 19-Q2 | 100 | 100 |

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

UHKF staff members have hand delivered personalized letters to all employees whose contact information is available.

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 performance indicator has been met.

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

We are on track to meet the target. Follow-up will continue in Q3 to solicit non-responders. Results and processes will be reviewed in Q4.

Definition: DATA: Hollis Zhang COMMENTS: Hollis Zhang EVP: Denise Cumming REPORT: STRATEGY INDICATOR

We must increase donation revenue in order to fund the Phase 2 local share. Employees play a crucial role in engaging and inspiring community members to donate to our campaign. Delivering personalized direct communication about opportunities to give to the campaign to employee will enable them to support the campaign personally and to understand the importance of community campaign donations to the successful completion of the Phase 2 project.

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

Milestones:

- Q1: Distribute personalized information packages and sign-up forms to all current full time and regular part-time employees.
- Q2: Follow up distribution with letters of confirmation and thanks to donors. Resolicitation of non-responders by group email.
- Q3: Announce and celebrate campaign results.
- Q4:

Target: Target 18/19: 100% Perf. Corridor: Red <=79%, Yellow 80-89%, Green >=90%

Q2 FY2019 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