

Kingston Health Sciences Centre

Centre des sciences de
la santé de Kingston

KHSC Integration Report (18 Months Post Integration)

Submitted to: South East Local Health Integration Network
November 2018



Hôpital
Hotel Dieu
Hospital



Hôpital Général de
Kingston General
Hospital

Executive Summary

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

KHSC is now an accredited hospital, having received its accreditation decision from Accreditation Canada since the last integration report was submitted. Each of our hospital sites (HDH and KGH) remain accredited teaching facilities with Queen's University. KHSC also holds affiliation agreements with St. Lawrence College and many other facilities to support its academic mission.

KHSC continues to advance the SELHIN's objectives of improving access and delivery of healthcare services, enhancing the patient experience, improving quality and creating efficiencies in the healthcare system. We continue to advance projects and strategies that support the regional Health Care Tomorrow: Hospital Services initiative.

Highlights of our Accomplishments

Since our last report in June, we have continued to align people, processes, systems and policies to further integrate our two sites. Here is a brief summary of recent accomplishments:

- A new KHSC intranet site is now live, replacing the KGH and HDH site intranets for internal users. This has greatly enhanced consistency of information for staff, learners and volunteers. Additional content is being added and edited to move from having simply populated one shared site to creating a more cohesive reflection of now integrated programs and departments;
- Building on the consolidation of core IT infrastructure to enable a single e-mail and log-in for KHSC employees, the IT project team has been working to bring together single applications on a priority basis. This work will continue over the remainder of F19;
- One KHSC Safe Reporting Tool has been launched across both sites so that all staff – regardless of location – report and track incidents consistently;
- Continue to grow the new live kidney donor transplant program, making this service available to patients from across our region;
- Created an echocardiography satellite clinic at the Queen's Cardiopulmonary Unit in partnership with Queen's University (July 2018);
- Received our successful accreditation decision from Accreditation Canada following our April site visit;
- Completed KHSC's first Strategic Plan which has been released in September of 2018. The process to develop the plan served as an opportunity to bring together and engage patients, staff, partners, and the community to develop our inaugural Strategic Plan. Creation of KHSC's mission statement, values and vision statement were completed as part of the strategic planning exercise and feedback has been that the process felt inclusive and yielded positive results;
- Hosted a community partners and educational partners event to review the strategic plan, talk about alignment with partners' agendas and agree upon ongoing methods for communication and partnership;

- Submitted the functional program (Stage 2) for our Phase 2 Redevelopment project which will create safe, modern facilities in which to deliver high-quality care. While SELHIN approval was received in June 2018, we are still awaiting approval from the MOHLTC and are hopeful we will receive this in early 2019. In November, the KHSC Board of Directors approved the Memorandum of Understanding with Infrastructure Ontario to co-sponsor implementation of the project;
- Sustained reduced ED wait-times. KHSC has shown the greatest improvement in the 90th percentile length of stay for all patients within the teaching hospital group since the previous year, demonstrating an improvement of 12.6% over the previous year;
- Launched the project to bring our two HR systems into one SAP;
- Developed an easy to use ethical decision making tool for users across KHSC called ASSIST (**A**rticulate the issue, **S**upport all stakeholders, **S**ummarize the competing values, **I**dentify possible options, **S**elect the course of action, **T**est the results of the decision);
- Continued to nurture an interdisciplinary Advance Care Planning Steering Committee that brings together patient experience advisors, leaders and physician from across KHSC, Kingston Central Ambulance Communications Centre, Providence Care, Providence Manor (Long Term Care), Primary Care, Health Links so that health professionals use the same tools, nomenclature and strategies for ACP conversations;
- Continue to work with the SE LHIN Home and Community Care and partner organizations to develop a regional Community of Practice for Medical Assistance in Dying;
- Integrated Environmental Services/Transportation management across both hospital sites and begun piloting a centralized call system for transportation management at the HDH site (the same as at the KGH site) to gather better data to inform resource allocation;
- Standardized additional policies and procedures;
- Created a new French Language Services Advisory Council in partnership with Providence Care to guide French Language Services implementation for Kingston's hospitals;
- Hosted one KHSC summer student volunteer program;
- Realigned volunteer food services oversight at the HDH site to the KHSC Director of Volunteer Services to create one model for day to day oversight of auxiliary businesses across KHSC;
- Created working teams across sectors (Providence Care and Home & Community Care) to support a "Bundle Holder" new integrated care model for elective QBP Hip & Knee Replacement Surgery. KHSC has developed a systematic approach with its partners to implement a seamless model for patients;
- ISAC: Advanced Practice Lead and Advanced Practice Accessor in place classroom training completed and currently in progress of clinical training with Physician. First patients are expected to be seen beginning of December, Community Primary Care Physician engagement event scheduled for November;
- The Hotel Dieu Hospital site continues to host the pilot project for the SE LHIN's Low Vision Rehabilitation Clinic; an evaluation of this pilot is expected in March 2019;

- Received initial prioritization of innovation work for KHSC under the leadership of Dr. Elizabeth Eisenhauer OC. Dr. Eisenhauer has consulted extensively with leaders of innovation provincially, nationally and internationally, and has already made significant strides on this assignment, which aligns with and serves as a component within the new strategic plan;
- Continued refinement of processes to support an Ontario Centres of Excellence (OCE) Initiative, which is a 2-year project to develop better management of COPD patients using remote patient interactive technology through Innovative Procurement. Key relations nurtured have included Queens, 3SO and a fairness commissioner;
- Developed a comprehensive COPD strategy including standardized order sets, a dedicated nurse navigator position, and community outreach initiatives in order to improve management of COPD and reduce readmission rates;
- Introduced a Nurse Practitioner Heart Failure navigator position dedicated to ensuring comprehensive management including optimization, education, care navigation and follow-up and primary care communication, in order to improve management of Heart Failure and reduce readmission rates;
- Implemented post-discharge follow-up phone calls for all patients discharged from inpatient medicine units as a key health literacy initiative which aims to ensure patients understand their follow-up care including medications and follow-up appointments and what to do if problems arise;
- KHSC's Stroke Endovascular Thrombectomy program continued to be implemented and was recognized as having the best process times and second best reperfusion rates in the province Timely access to thrombolysis with decrease over two fiscal years in Door-to-Needle time from 45 minutes to 23.5 minutes, achieving the new national benchmark of 30 minutes;
- Received support for KHSC leaders and physicians to attend the 2018-19 Rotman Advanced System Leadership Program sponsored by the SE LHIN;
- Graduated additional KHSC teams from the Health Quality Ontario IDEAS Advanced Learning Program in the Palliative Care and Integrated Hip and Knee Bundled Care cohorts;
- Implemented Connecting Ontario with KHSC for clinical staff;
- Implemented the Home and Community Care E Referral between KHSC and the SE LHIN Home and Community Care;
- Supported Clinical staff to participate in the Rainbow Health Ontario training and education to improve the accessibility of health care services for lesbian, gay, bisexual, trans and queer communities in Ontario;
- Launched refreshed Mission Awards at the Hotel Dieu Hospital Site;
- Delivered learning sessions as part of the SE LHIN Primary Care Forum 2018. These sessions were focused on Health Literacy and Trauma Informed Care respectively.

Here is a summary of additional accomplishments that have occurred since the start of integration:

- Became the province's newest District Epilepsy Centre, increasing our capacity to assess patients to see if they are candidates for surgical treatment;
- Implemented new partnership opportunities, including supporting Brockville General Hospital with lab and pharmacy services, working with community partners such as Street Health to address opioid issues and sharing Human Resource services with Providence Care;

- Continued to support the SE LHIN sub region tables for Kingston and Rural Frontenac Lennox and Addington;
- Standardized e-requisitions across both sites. The first phase of the E-Requisitioning project is complete and staff at both KGH and HDH sites are now processing purchasing and requisitions electronically;
- Progressed with the integration of our Business Systems and are reviewing the proposed plans to integrate business systems on a priority basis and within available one-time funds to support operating efficiencies and reduce duplication;
- Brought forward a Private Members Bill in the Ontario Provincial Legislature which received Royal Assent and is now law. This Bill deems bequests, gifts, etc. of the legacy hospitals to be received and used by KHSC, while respecting the wishes of the donors;
- Restructured the Executive Leadership meeting format to create of a new committee named the President's Council, where six physician leaders from the Medical Advisory Committee (MAC) attend a monthly meeting with the KHSC Executive Leadership. This provides a much higher level of physician engagement in to strategic issues and other high priorities of the hospital;
- Integrated print shops across the two sites;
- Brought together all switchboard staff, who are now working at one site to support a single experience for patients and families while continuing to explore technology and infrastructure improvements for the telephone systems;
- Received approval of Hospital Letters Patent by the legacy hospital boards and by the various government regulators to remove any reference to the operation of a hospital. This was one of the conditions placed on the approval of the integration by the Ministry of Health;
- Recruited an ethicist to the KGH site to better support complex clinical issues (e.g. end of life issues) and to support principle based decision making across both of our two sites;
- Received funding to develop a musculoskeletal Rapid Access Clinic for patients with hip and knee arthritis;
- Received funding to develop a Rapid Access Clinic for patients with low back pain;
- Implemented a patient focused discharge plan. "My Discharge Plan" was developed by an interprofessional group including Patient Experience Advisors and was field tested with patients and families;
- Launched Parenteral Nutrition Clinic;
- Since opening in December 2017 more than 95 patients have been cared for through the Transitional Care Unit, adding up to over 2400 acute care bed days saved for KHSC to care for the sickest patients in our region. In addition to creating acute care capacity, patients receiving care at the transition unit, on average, are ready to transition back into community living after only 33 days. Many times patients transitioned back into their own homes, but sometimes patients chose to transition into a retirement community instead.

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

Access to Care

Integration has supported a renewed focus on improving access to care.

Sustained increases in the volume of Emergency Department visits, as well as high volumes of patients who have been designated as requiring an alternate level of care (ALC) are impacting timely access for patients who need to be admitted into the hospital. In addition, and more importantly, long ALC stays in hospital continue to have negative impacts on our patients' quality of life. This has been further impacted by the closure of two (2) retirement homes and availability of community support staff.

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

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

Community Partnerships

We continue to nurture our partnership arrangement with Brockville General Hospital for lab by now offering pharmacy services at that site. This has led to improvements and efficiencies, while meeting a local health partners' needs.

We continue to partner with Street Health, a local community provider with expertise in addictions and opioid use to help support and educate KHSC staff about trauma-informed care and management of opioid addictions for hospitalized patients.

Clinical representatives from KHSC are also partnering with local shelter providers to better manage homeless or vulnerably housed patients who present at the ED and/or who are discharged from the ED. In August, the Medicine Program and Street Health developed an educational series for staff focused on Trauma Informed Care. This work was profiled in a learning session at the 2018 South East LHIN Primary Care Forum.

KHSC participates in a number of local and regional tables such as the Kingston and Rural Frontenac Addington Sub Region, the Medical Assistance in Dying Community of Practice, the Regional Opioid Task Force, Moving on Mental Health, and the Transitional Aged Youth Mental Health Strategic Committee.

We are also working with our regional partners to create best-practice care pathways within three of our current service areas that address patients with hip fractures, chronic obstructive pulmonary disease and who require a palliative approach to care. This work is aimed at improving the standardization, quality and care experience for patients across our region.

Locally, KHSC supports engagement on committees and improvement processes with local health service partners. Providence Care and the SE LHIN Home and Community Care are integral members of groups addressing patient flow, and the perpetual challenge with the volume/percentage of patients designated as Alternate Level of Care (ALC). At program-level councils, there is engagement on a routine basis of local partners aligned to the focus of the program, and others in the community and region as needed. Process improvement teams working on strategic priorities predictably include both internal and external stakeholders.

KHSC's Kingston General Hospital site and Bayshore Health Care have formed an innovative partnership opportunity with the SE LHIN Home and Community Care to deliver an off-site comprehensive health services program to support the transition of patients at risk for or currently designated ALC. The three organizations have worked together to establish a 10 bed high quality Transitional Care Unit outside the hospital, that has assisted KHSC in decreasing the number of ALC patients currently in acute inpatient beds; and lessen repeat unscheduled ED visits and avoidable hospital re-admissions by former ALC-designated patients. Patients included in the program have a comprehensive care plan that focuses on improved function, preparing patients to manage their care needs in community living following the transitional care program. This pilot continues to receive funding.

Addictions and Mental Health

Work is continuing with a focus on improving the experience of patients arriving in the Emergency Department seeking mental health care. We are working in collaboration with AMHS-KFLA on the model of care delivery for improving transitions in care from the ED to community, exploring the best use of resources to support patients with mental health concerns within the ED. The extension of Social Work hours to 11pm on weekdays, and weekends, for example, has helped to improve support for patient needs. Through the SELHIN Mental Health Redesign, a number of initiatives to integrate care and improve the patient journey are also underway.

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

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

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

Work on enhancing the safety culture of the inpatient Mental Health unit continues. A Mental Health Transformation Strategy has been launched across both sites with an inter-professional team approach to build on this work and provide a framework for ongoing quality improvement.

We continue to engage patient advisors in the work of the mental health program's initiatives.

Caring for our Older Patients

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

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

Caring for our Youngest Patients

The alignment of all of the inpatient and outpatient pediatrics at KHSC under one program leadership is allowing us to proceed with implementation of consistent standards, opportunities, and communication to best support our young patients across both sites. This has also allowed a more cohesive planning process to identify pressures related to program growth and expansion within KidsInclusive, and to plan pediatric events such as the World Prematurity day (celebrated every November) as an integrated Centre.

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

Progress on Service Levels Compared to Baseline

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

Resources continue to be realigned across sites to support and optimize from an integration perspective and this has been a focus in this past fiscal year's Annual Corporate Plan.

Measuring and monitoring processes are in place to evaluate on a regular basis as we continue to address timely access to care.

Clinical Integration

We continue to review our clinical programs to better align transitions in care in order to meet the needs of our patients from a system perspective. This enables KHSC to consider resources from a system perspective and create an environment that provide access to care for patients where most appropriate and within a timely manner. This has also enabled entry point and standardization of order sets across the two sites which further promotes consistent and planned care processes.

The KHSC Clinical Leaders Group continues to meet quarterly with a focus on discussions on shared clinical issues (e.g. surge, influenza preparedness, and the legalization of cannabis) and education on current issues such as the Opioid Crisis.

Strategic Planning

The Board of KHSC has approved a new, 5-year strategic plan for KHSC. The executive team has scheduled a series of planning retreats to move the four, high level strategic directions into prioritized work buckets. This will then be moved to the leadership and program levels for creation of annual work plans and associated metrics for a strategic scorecard. This work will take several months. As such, the annual corporate plan for this fiscal year bridges us to March 31, 2019 to allow for sufficient time to complete this new work prior to the start of Fiscal 2019/20.

Transforming care, together was created as a high-level framework with four strategic directions to help focus KHSC over the next five years. It also includes a new mission, vision and values that frame our purpose and will guide our behaviours and how we make decisions as an organization.

Impact on Patient Experience and Patient & Staff Satisfaction

Patient Experience Advisors & Patient Councils

The single KHSC patient advisory group is functioning at a high level and feedback from advisors is that they are pleased to be partnering with KHSC on issues regardless of specific site. A Patient & Family Advisory Council for the Renal Program and the Regional Cancer Program also continue to engage with the hospital on key issues that pertain to patients.

Advisors serve as members of most communities at KHSC, including committees of the Board of Directors. An annual report of the PFAC was presented in September to the Patient Care, Quality & People Committee to highlight the work done as advisors partner with KHSC at all levels within the organization. KHSC also continues to measure five standards for patient and family centred care at KHSC; use of white boards on inpatient units; wearing name tags at chest level; completion of patient feedback forums (goal is 2 per program per year); hourly rounding on inpatient units; and communication by team members. Work has been underway over the summer months to launch a second Exceptional Healer Award, this one for nurses. This will be announced annually in January with other KHSC Team Awards.

Quality & Quality Improvement

The Patient Safety, Risk Management and Patient Relations portfolio no longer operates as one integrated portfolio. Patient Safety & Quality Specialists and Patient Relations Specialists support patient care portfolios across both sites. Some other achievements for this group since integration include:

- Policy harmonization/standardization, for example patient feedback policies and incident reporting policies are standardized. The PSQR portfolio is committed to bringing the best practices of the legacy organizations together and is taking the necessary time to harmonize these processes and practices.
- Patient safety and quality improvement priorities are being viewed from an integrated perspective. For instance, medication reconciliation, a patient safety priority with unique challenges in the ambulatory care setting, is being overseen by a single steering committee with the same subject matter experts at both sites.
- KHSC has launched an ambitious multi-year Quality Roadmap that is a key component of our Strategy. There are many components of the Quality Roadmap:
 - Develop a strong infrastructure and lay a solid foundation for quality work.
 - Establish a small number of high-level quality aims that are aligned with our strategic plan and will guide quality improvement priorities, including QIP initiatives, over the next 3 years. The Aims will help identify focused improvement opportunities with targets and timelines, making sure those initiatives align with operating and capital budgets. Work is currently underway to identify four or five Quality Aims.
 - Build QI capability across KHSC by selecting an organization-wide QI approach so that everyone is practicing and speaking about quality in the same way.

- Embed and sustain quality improvement at the front lines by building QI awareness across KHSC Embed leadership behaviours that support quality improvement across KHSC.

Research

Work is underway to align KHSC's research agenda with an emerging interest by CAHO hospitals to leverage patient-oriented research. Lisa McAvoy, Research Facilitator for the W. J. Henderson Centre, is KHSC's staff representative on the CAHO Community of Practice in Patient Engagement in Research, which she attends with a KHSC patient advisor as they work to create a Patient Engagement in Research Advisory Committee.

Efforts also continue to bring to fruition an integrated research institute incorporating the health research activities of Queen's University, Kingston Health Sciences Centre and Providence Care. A working group recently reported back to the partners on status and is now soliciting feedback on next steps.

Communications

The KHSC Strategy Management & Communications for KHSC has brought together the two legacy intranets into one site as one of the elements of the business systems integration projects identified for the organization. A further project is now being planned to bring together the two legacy external websites into one with site-specific content to support patient/family/public needs.

Leaders' Connection – a monthly forum created with input from leaders at KHSC – meets on a monthly basis and provides the opportunity for directors, managers and supervisors to come together regularly to share information, learn and discuss pertinent issues. A review was undertaken of this new meeting over the summer and additional adjustments made to the meeting schedule and agendas to continue to ensure this meets leaders' needs. Special, additional meetings are scheduled over the course of the year to engage leaders in specific in-depth topics as required. These meetings help to support integration of the leadership team, as well as dialogue about important issues within the hospital and beyond.

Performance Reporting

Now that the strategy has been launched, and in response to feedback from the board, work is underway to bring together the enterprise risk management framework, quality work, performance reporting and strategic scorecard into a user-friendly performance management tool for KHSC. It is anticipated that this will be ready for launch April 1, 2019.

Risk Management

Risk management frameworks and plans from the legacy hospital sites are being integrated into a single framework. KHSC's approach to Integrated Risk Management (IRM) is being developed. A comprehensive review of significant risks using HIROC's methodology and tools is nearing completion with the intention of identifying the top risks at KHSC that require Executive and Board level attention. MRPs will be assigned to these top risks and mitigation strategies developed and action taken to address the risks. A systematic approach to risk management will be solidified with annual review of the risk register to ensure it is up to date and action is being taken at all levels in the organization to address known risks across all domains.

A KHSC Integrated Risk Management Policy is nearing completion.

KHSC's policy, which guides policy approval/review/deletion processes was approved and is now in place guiding policy harmonization.

Administration

Many of the back office functions within KHSC have progressed on integration-related activities since the submission of our June 2018 integration report. These accomplishments are detailed below.

People Services

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

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

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

*Inspired people,
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Service Pillar	Key Integration Initiatives
<p>Recruitment:</p> <p>Having a multi-faceted strategy for attracting talent to KHSC</p>	<p>Career Fairs: Participation in 16 local and regional career fairs (12 focused on healthcare professions) to raise awareness of KHSC as an organization; partnership with Providence Care to market Kingston as a place to live and work. Implementation of a student engagement program with St. Lawrence College and Queen’s University to engage with 2nd and 3rd year nursing students and cultivate an interest in staying in Kingston for professional work opportunities.</p> <p>Social Media: Use of social media to raise the profile of KHSC as a place to work.</p> <p>Workforce Planning Steering Committee: An interdisciplinary team focused on strategies to have a positive impact on overtime and internal turnover creating a better work experience for staff.</p> <p>Collaboration: Enhance KHSC profile with City of Kingston through participation in the study and development of municipal strategies for “Organizing and Resourcing for Success” and “Making Improvements in our Work Economy.”</p>
<p>Retention:</p> <p>Having a robust approach to fostering commitment and job satisfaction</p>	<p>Leadership Development: Continued focus on supporting new leaders in their new and/or evolving roles within the KHSC structure including leadership onboarding, communication, skill development, moving to the LEADS capabilities framework through deployment and training with a common leadership performance development tool. Learning opportunities were extended across KHSC to support leaders in external training programs, leadership programs, quality training and ideas. Internally, programs such as Front Line Leadership, Crucial Conversations, Leadership Headstart and team development initiatives had both leaders and physicians involved across KHSC.</p> <p>Career Development and Investing in Talent: Supporting ongoing staff development through corporate education funds and programming, bursary programs and opportunities for staff to step into developmental role assignments across KHSC.</p> <p>Recognition: Events for recognition continue to be further integrated including the Strawberry Social, Leadership Celebration of World Mindfulness Day, and service recognition programs. A corporate KHSC integrated recognition strategy was solidified and beginning implementation. This focuses on integrated processes, opportunities and equity across both major sites to create a consistent workplace experience regardless of where you work. Some program enhancements were also incorporated based on feedback such as offering gift cards as an option for service milestones, inclusion of volunteers from the HDH site and starting at the five (5) year level.</p>

Service Pillar	Key Integration Initiatives
	<p>Engagement: An integrated engagement strategy is in the process of implementation which will work toward an integrated engagement survey in the last quarter of the year.</p> <p>Corporate Learning and Development: Learning opportunities were extended across KHSC to support staff in external training programs, training programs, and ideas. Internally, programs such as Front Line Leadership, Crucial Conversations, Leading Learning Moments, and team development initiatives had staff partake across KHSC.</p>
<p>Health Safety & Wellness:</p> <p>Having programming that reflects a culture of safety and promotes individual and organizational wellness</p>	<p>Health: Resources, processes, and tools were further aligned including the standardization of Disability Claims Management practices across both sites with a shared staffing model, implementation of a single electric employee health records system, and application of software and practices to eliminate manual entry of administered vaccines.</p> <p>Safety: KHSC moved to a shared and integrated electric incident reporting tool with regular monitoring of safety performance metrics through a shared health & safety scorecard, integration of health & safety policies and alignment of safety training across both sites continues.</p> <p>Wellness: Work continues to build upon the wellness programming across KHSC with a focus on developing tools that facilitate awareness and build the psychological and physical wellbeing of our staff. The staff wellness website has now been integrated to a single site at www.wellness.kingstonHSC.ca</p>
<p>Workforce Configuration:</p> <p>Aligning employees to a KHSC workforce structure</p>	<p>Unionized workforce: On May 1, 2017, the Canadian Union of Public Employees (CUPE) filed an application with the Ontario Labour Relations Board (OLRB) under the <i>Public Sector Labour Relations Transition Act</i> (PSLRTA) related to the rationalization of the predecessor KGH and HDH bargaining unit structures.</p> <p>The KHSC bargaining units are as follows:</p> <ul style="list-style-type: none"> • Registered Nurses: Ontario Nurses Association (ONA) • Technicians & Technologists: Ontario Public Services Employees' Union (OPSEU) • Allied Health Professionals: OPSEU • Service/Clerical: CUPE • Innew Patient Services (Administration, Service & Interpretation): OPSEU • Ambulance Dispatch – Communication Officers: OPSEU • Medical Physicists: Professional Institute of Professional Services of Canada (PIPSC) • Medical Residents: Professional Association of Residents of Ontario (PARO)

Service Pillar	Key Integration Initiatives
	<p>For those bargaining units that have been combined between the KGH and HDH sites (i.e. ONA, CUPE, OPSEU Central and OPSEU Non-Central), bargaining between the Hospital and ONA commenced this past June, bargaining will commence with CUPE in November and the two OPSEU bargaining units are likely to commence bargaining in 2019. Once the collective agreements are finalized, it will assist bringing more stability to operations and the delivery of patient services.</p> <p>Non-union workforce: Phase two of the work to develop a common non-union compensation framework has been completed. This includes the development of a compensation philosophy, a job evaluation system design, associated template documentation, analysis and preliminary modeling of a compensation structure.</p>
<p>Volunteer Services:</p> <p>Supporting staff and patients through robust volunteer programming</p>	<p>Recruitment: A recruitment task force has been formed on strategies to engage members who reside in the greater Kingston area to consider volunteering at KHSC. The members have presented at workplaces, participated in recruitment fairs and have a print campaign.</p> <p>Orientation: Seven on-line learning modules have been designed to allow volunteers to complete orientation on-line.</p> <p>Education: Joint education sessions and training was held for the high school volunteer program.</p>
<p>Library Services:</p> <p>Enabling excellence in practice through access to literature research services</p>	<p>Service Enhancement: Access to Hospital Library services provided by Providence Care has been expanded to include the HDH site. Consistency of services, standardization of approach and opportunities were expanded.</p>
<p>Infection Prevention and Control:</p> <p>Protecting the safety of patient and staff through timely and effective prevention and infection control practices</p>	<p>Service Enhancement: Work has continued to integrate and standardize infection prevention and control practices and education and training. Auditing tools have been developed that facilitate identification of gaps that put patients or staff at risk for acquiring a nosocomial infection. The Multi-disciplinary Construction Committee and the IPAC and Environmental Working Group have been redesigned to include representatives from both KHSC sites. In addition, a Reprocessing Committee has been established with IPAC as co-chair. Reporting has been standardized and the first KHSC IPAC Program annual report for MAC has been prepared.</p>

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

Infrastructure Element	Key Integration Initiatives
<p>Leadership Structure:</p> <p>Being a regional leader in integration and optimizing the people strategies of KHSC and Providence Care</p>	<p>Joint Vice President & Chief Human Resources role: Implemented effective April 1, 2017 with responsibilities at KHSC and Providence Care.</p> <p>In addition, by March, 2018, the following elements of the People Services leadership structure were implemented:</p> <p>Director Leadership: Director portfolio redesign was undertaken within People Services for KHSC and Providence Care in fall 2017. Portfolios now include: Employee & Labour Relations, Leadership & Talent Development, Workforce Planning & Utilization, Human Resources Planning & Performance, Infection Control & Prevention and Occupational Health, Safety & Wellness. In addition, appointment for a cross-site Director for KHSC Volunteer Services was made.</p> <p>Management & Leads: Appointments for managers and leads (some for both sites of KHSC and some supporting both KHSC and Providence Care) within the above portfolios were made including in Total Rewards, Employee & Labour Relations and Leadership & Talent Development, Occupational Health and Safety.</p>
<p>Technology:</p> <p>Enabling service excellence in People Services through a corporate human resources information system (HRIS) structure</p>	<p>Sub HRIS Systems: Work has been completed to move both sites to a single safe reporting system (rL Solutions), a single electronic employee health record and health management tool (Parklane), a single applicant tracking system (Career Hub) and is in progress to move to a single learning management system (Medworxx). Work to integrate to a single core-HRIS is in early project stages.</p> <p>These changes enable improved process efficiency, quality, user experience, improved and integrated reporting, and a consistent user look and feel while reducing duplication of effort and system demands.</p> <p>Electronic Reference Checks: An automated reference check system has been implemented across both sites improving the number of completed reference per candidate from an average of 2 to 4.3 and enabling tailored orientation planning.</p>

Infrastructure Element	Key Integration Initiatives
	<p>Volunteer Management: The two volunteer management databases have been merged into a single source. On-line scheduling was introduced at the HDH site enabling all volunteers to access their schedules from home or at the hospitals.</p>
<p>Policies & Processes:</p> <p>Ensuring consistency through corporate People Services policies and standardized practices</p>	<p>Service Delivery: Front-line team members in the Total Rewards, Recruitment, Occupational Health, Safety & Wellness, Infection Prevention & Control, Leadership & Talent Development and Volunteer Services areas have been unified to function as teams providing service to both sites. Work flow and work practices have been aligned to the extent possible with the current HRIS structure.</p> <p>Policies: Harmonization of corporate volunteer services and health & safety, procedures, and supporting processes continues bringing the best practices of the legacy organizations together. Corporate infection prevention & control policies following Provincial Infectious Disease Advisory Committee (PIDAC) best practice guidelines, Canadian Safety Association (CSA) Standards and all legislated requirements have been standardized for KHSC.</p>

While significant progress has been made to align processes and practices across both sites of KHSC, there are inherent limitations to achieving full integration in People Services with the current core Human Resources Information Structure which has different core software/systems at each site (SAP at KGH and Quadrant HR at HDH). As such, we are now moving forward with the project plan to bring these systems together into one. This project is anticipated to take 18-24 months.

IT Infrastructure & Business Systems

IT Infrastructure

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

Business Systems

The business systems project is focused on identifying and planning the Stage 2 KHSC Business Systems integration priorities for Finance, HR and Strategy Management & Communications. As of the time of this report, 9 business systems integration projects have been approved. Of the 9 projects, 3 projects have been completed and 6 are in progress. The remaining project intake requests have been drafted or submitted with the prioritization process and capacity planning are underway.

Finance

The financial results through the first half of the fiscal year reflect a \$ 2.2 million favourable to budget position. Although this result appears positive, it is approximately \$2.4 million lower than anticipated taking into account one-time unplanned revenue items (e.g. interest income, Other Payor revenue). These have assisted in offsetting costs aligned to increased patient care activity and acuity over the prior fiscal year (e.g. 12.5% increase on inpatient activity, 3% increase on Emergency Department/Urgent Care Centre visits, 28% increase in trauma cases).

The hospital has approved approximately \$6 million in capital expenditures including \$3 million related to infrastructure projects using hospital working capital as no communication has been received relative to funding from the Ministry Health Infrastructure Renewal Fund for the second half of the fiscal year. Funding previously announced for this fiscal year has also yet to be received.

The hospital's working capital position increased slightly from the prior year as funds are being allocated to the Phase 2 Redevelopment project to support the local share to be raised by University Hospitals Kingston Foundation (KGH site) and the future replacement of the health information system (HIS). The aligned working capital ratio at September 30, 2018 was 2.17:1. The total margin for all Fund types was 2.07% (hospital sector only 2.32%).

With regards to the integration, KHSC had targeted efficiencies of \$1.25 million in 2017/18, an additional \$1.5 million in 2018/19, and another \$1.0 million in 2019/20, for a total of \$3.7 million over three fiscal years. For the first 18 months of integration (ending September 2018), KHSC has implemented about \$3.3 million of annualized savings.