

fiscal  
2022-2023 **Q1**  
1st quarter ended June 30, 2022

# KHSC **this** **quarter**



## Strategy Performance Report



Kingston Health  
Sciences Centre

Centre des sciences de  
la santé de Kingston



# KHSC Strategy Performance Report Fiscal 2022

<b>Strategy Performance Indicator Status Summary</b>	<b>Page</b>
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## **Strategic Direction 1**

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### **Ensure quality in every patient experience**

#### **Outcome: Make quality the foundation of everything we do**

% of the accreditation Canada Telehealth standards are met	<b>6</b>
Percentage of clinical programs that are able to report performance in a standardized way on at least 2 critical to quality standards by March 2023	<b>8</b>
COVID Incremental Cost Recovery	<b>9</b>
Achieve pre COVID position by March 31	<b>10</b>
HSA/MSSA conditions met	<b>11</b>
Board endorses RFP for managed equipment services and RFP is issued Y/N	<b>12</b>

#### **Outcome: Lead the evolution of patient- and family-oriented care**

Patient stories completed in 12 KHSC unit/programs & at board patient care committee	<b>13</b>
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#### **Outcome: Create the space for better care**

PSOS complete and RFP issued	<b>14</b>
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## **Strategic Direction 2**

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### **Nurture our passion for caring, leading, and learning**

#### **Outcome: Foster a safe, health, innovative working environment that inspires and motivates the people who work, learn and volunteer at KHSC**

Inclusion council in place Y/N	<b>15</b>
Succession plans completed for management roles	<b>16</b>

## **Strategic Direction 3**

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### **Improve the health of our communities through partnership and innovation**

#### **Outcome: Be a hospital beyond our walls that delivers complex, acute and specialty care where and when it is needed most**

HIS project design/build/validation phase is complete Y/N	<b>17</b>
KHSC participates in priority projects Y/N	<b>18</b>

## **Strategic Direction 4**

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### **Launch KHSC as a leading centre for research and education**

#### **Outcome: Foster a culture of teaching, learning, research and scholarship**

Research Institute: Meet with all clinical departments Y/N	<b>19</b>
Coordinated learner experience strategy in place Y/N	<b>20</b>

<b>Indicator Status Legend</b>	<b>21</b>
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## Q1 FY2023 Strategy Performance Indicators Report

		22-Q1	22-Q2	22-Q3	22-Q4	23-Q1	
1. Ensure quality in every patient experience	a. Make quality the foundation of everything we do	% of the accreditation Canada Telehealth standards are met	N/A	N/A	N/A	N/A	Y
		Percentage of clinical programs that are able to report performance in a standardized way on at least 2 critical to quality standards by March 2023	N/A	N/A	N/A	N/A	Y
		COVID Incremental Cost Recovery	Y	Y	G	G	G
		Achieve pre-COVID position by March 31	Y	Y	G	G	G
		HSA/MSSA conditions met	Y	Y	G	G	R
		Board endorses RFP for managed equipment services and RFP is issued Y/N	N/A	N/A	N/A	N/A	G
	b. Lead evolution of patient- and family- centred care	Patient stories completed in 12 KHSC unit/programs & at board patient care committee	N/A	N/A	N/A	N/A	G
	c. Create the space for a better experience	PSOS complete and RFP issued	G	R	R	R	R
	2. Nurture our passion for caring, leading and learning	a. Foster a safe, healthy, innovative working environment that inspires and motivates the people who work, learn and volunteer at KHSC	Inclusion council in place Y/N	N/A	N/A	N/A	N/A
Succession plans completed for management roles			N/A	N/A	N/A	N/A	G
3. Improve the health of our communities through partnership and innovation	a. Be a hospital beyond our walls that delivers complex, acute and speciality care where and when it is needed most	HIS project design/build/validation phase is complete Y/N	N/A	N/A	N/A	N/A	Y
		KHSC participates in priority projects Y/N	N/A	N/A	N/A	N/A	G
4. Launch KHSC as a leading centre for research and education	a. Foster a culture of teaching, learning, research and scholarship	Research Institute: Meet with all clinical departments Y/N	N/A	N/A	N/A	N/A	Y

		22-Q1 22-Q2 22-Q3 22-Q4 23-Q1					
Coordinated learner experience strategy in place Y/N		<table style="display: inline-table; border: none;"> <tr> <td style="background-color: yellow; text-align: center; width: 20px;">Y</td> <td style="background-color: green; text-align: center; width: 20px;">G</td> </tr> </table>	Y	Y	Y	Y	G
Y	Y	Y	Y	G			

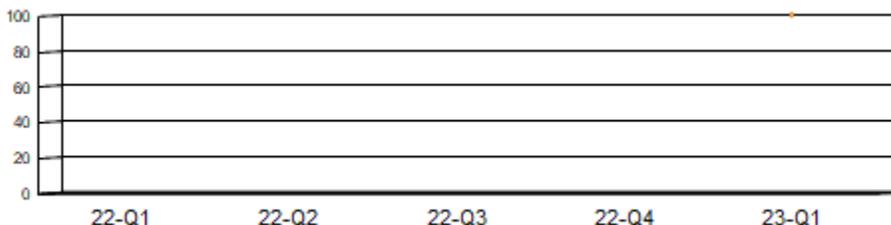
	SPR		SAA		
	F21		F21		
	Q1 %	Q1 #	Q1 %	Q1 #	
<b>R</b>	14%	2	41%	28	
<b>G</b>	<b>Y</b>	86%	12	34%	23
<b>N/A</b>	0%	0	25%	17	
		14		68	

## Q1 FY2023 Strategy Performance Indicators Report

### 1. Ensure quality in every patient experience

#### a. Make quality the foundation of everything we do

**Indicator: % of the accreditation Canada Telehealth standards are met**



	Actual	Target
22-Q1		
22-Q2		
22-Q3		
22-Q4		
23-Q1		100

#### Describe the tactic(s) we are implementing to achieve this objective:

- Microsoft Office 365 platform ("Microsoft 365") has been deemed sufficiently secure for confidential information including Personal Health Information (PHI; i.e. patient information) and personal information (PI; i.e. employee information) by KHSC's Privacy Officer and Information Security Officer. After senior leadership the policy will go to the next Planning and Performance meeting on September 20, 2022 for approval.
- PMO has committed Project Manager resources (partial FTE) for work on Virtual Health tactic plan for Q3 (post completion of current projects)
- Ambulatory Care portfolio has rearranged leadership structure such that two Managers (one net new) have technology/transformational project management responsibilities (including HIS and Virtual Care). Will start in Q2 and early Q3.
- Pockets of expertise have arisen within KHSC related to the use of the Microsoft Teams platform for 1:1 and group patient visits, as well as with the use of the MS Teams Collaboration space for program and major project management.
- A commensurate working group has started foundational work on interdependent processes and documentation including the creation of a draft comprehensive consent form for virtual/video care and use of email/text for the purposes of booking and communication purposes.
- Other commensurate foundational working groups:
  - Appointment notice working group – revising notices to include options for in-person, telephone and video visits. Will include links to website housing virtual care resources.
  - Website working group – revising patient-facing website to include easy-to-find resources for each clinic and all visit types (in-person, telephone and video)

#### Explain the current performance of the objective as of this quarter. Where possible, express statistics and numbers in plain language, focusing on the impact to patients and staff

KHSC's Virtual Health (VH) Service Design recommendations, based on the AC Telehealth Standard, were published in June 2021, at the apex of the pandemic, following a current state analysis, literature review, and future state design work. The Accreditation Canada (AC) Telehealth Standards represent a fully-implemented virtual care design plan.

This foundational work was instrumental to KHSC receiving a successful "pass" result for the AC Telehealth onsite survey in April 2022, a significant accomplishment which highlights the organization's preparedness for Virtual Health service delivery in the realms of technology, policy, process redesign, documentation, data collection and monitoring, consent, communications, education and change management.

Presently, 14 months after KHSC's VH design work and 17 recommendations were published, it is clear that both patient and provider attitudes towards virtual care have changed.

At the height of the pandemic, virtual care was a popular if not imperative choice for both patients and providers. Currently, as society opens and the pandemic threat is perceived as relatively indolent compared to a year ago, KHSC is experiencing a trend towards more in-person visits and fewer virtual/video (or phone) visits. This trend will almost certainly be augmented by the OMA Physician Services Agreement's changes to virtual care compensation (effective Oct 1, 2022) which decrease payments for telephone visits from 100% to 85% of the rate of in-person visit.

#### Are we on track to meet the objective by year end? If not, explain why and what new tactics are planned to ensure we me

## Q1 FY2023 Strategy Performance Indicators Report

### 1. Ensure quality in every patient experience

#### a. Make quality the foundation of everything we do

Yes – with revisions as described below.

As virtual care attitudes and practices have changed, it is imperative to reassess the standards and recommendations with this lens. Many patients and providers alike have assured that virtual care will always have a place in KHSC's service delivery model offerings. But what that will look like, and what is genuinely needed now that virtual care is a choice and not an imperative is not fully known. For this reason the following tactics will be actioned:

Q3 – conduct a provider and patient current state assessment on virtual care uptake, preferences, needs and gaps.

Q3 – conduct interviews and attend demonstrations with pockets of expertise identified above (Pediatrics, Mental Health and Kids Inclusive Programs, Patient Safety, Quality and Risk department)

Q3 – review/revise VH recommendations based on current state findings

Q4 and beyond – create a project plan to address/continue work on the relevant and outstanding AC standards including:

- Clinical criteria/eligibility
- Governance
- Policy
- Consent
- Space resources
- Technology resources (hardware, templates, etc.)
- Workflows (booking, registration)
- Customer support
- Education and Reference (patient and provider)
- Communication

**Definition:** EVP - Gilles/Gamache Oleary  
MRP - Abbott-McNeil

TACTICS: TBD

REPORTING COMMITTEE: Patient Care & Quality Committee

**Target:** Fiscal 2023 target: 100%

Corridors:

RED: < 65%

YELLOW: 65 - 89%

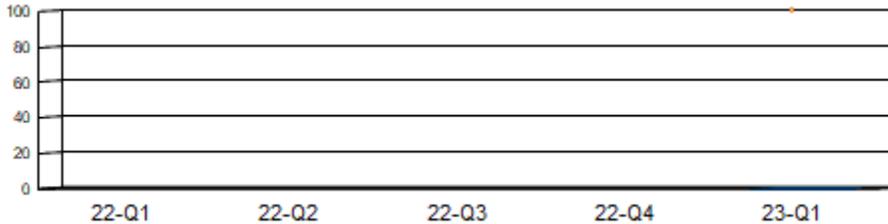
GREEN: >= 90%

## Q1 FY2023 Strategy Performance Indicators Report

### 1. Ensure quality in every patient experience

#### a. Make quality the foundation of everything we do

**Indicator: Percentage of clinical programs that are able to report performance in a standardized way on at least 2 critical to quality standards by March 2023**



	Actual	Target
22-Q1		
22-Q2		
22-Q3		
22-Q4		
23-Q1	0	100

#### Describe the tactic(s) we are implementing to achieve this objective:

KHSC does not have a structure or standardized process to enable leaders at the unit, program and organizational level to monitor and manage performance relative to identified critical to quality indicators (e.g. Accreditation Canada Required Organizational Practices). Without this infrastructure, KHSC is not able to ensure sustainability with accreditation ROPs and have trending data on critical to quality indicators to identify/support quality improvement initiatives.

#### Explain the current performance of the objective as of this quarter. Where possible, express statistics and numbers in plain language, focusing on the impact to patients and staff

In Q1 a working group was formed. This group supported the creation of the tactic plan (which was endorsed by Executive) and provided guidance on the scope of this initiative by recommending priority ROPs for this project.

#### Are we on track to meet the objective by year end? If not, explain why and what new tactics are planned to ensure we me

The project is on track to implement a monitoring/measurement structure by Q4.

**Definition:** EVP - Carter  
MRP - G. Miller

**TACTICS:** TBD

**REPORTING COMMITTEE:** Patient Care & Quality Committee

**Target:** Fiscal 2023 target: 100%

**Corridors:**

RED: No = 0

YELLOW: Blank = in progress

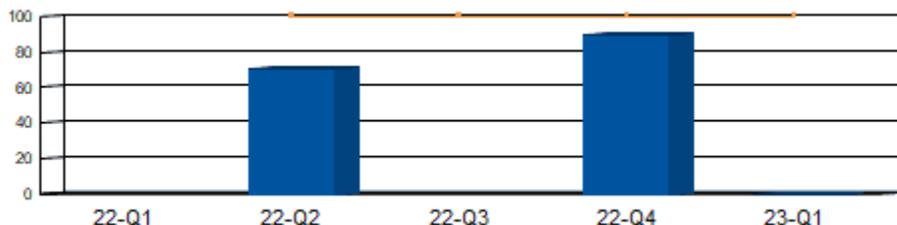
GREEN: Yes = 1

**Q1 FY2023 Strategy Performance Indicators Report**

**1. Ensure quality in every patient experience**

**a. Make quality the foundation of everything we do**

**Indicator: COVID Incremental Cost Recovery**



	Actual	Target
22-Q1		
22-Q2	70	100
22-Q3		100
22-Q4	90	100
23-Q1	0	100

**Describe the tactic(s) we are implementing to achieve this objective:**

At June no COVID cost recovery yet for any submissions. However, due to timing of submission deadlines it would not be expected that cash would be flowed this quickly. As of August 25 no funding letters received. The YTD June statements include April and May incremental covid accruals. July includes April to June as outlined above.

**Explain the current performance of the objective as of this quarter. Where possible, express statistics and numbers in plain language, focusing on the impact to patients and staff**

We are on track with the reporting deadlines

**Are we on track to meet the objective by year end? If not, explain why and what new tactics are planned to ensure we me**

Yes

**Definition:** EVP - Amit Bansal  
MRP - Amit Bansal

TACTICS: Recover COVID costs

REPORTING COMMITTEE: People, Finance & Audit Committee

**Target:** Fiscal 2023 target: 100%  
Corridors:  
RED: <60%  
YELLOW: >60% and <75%  
GREEN: >75%

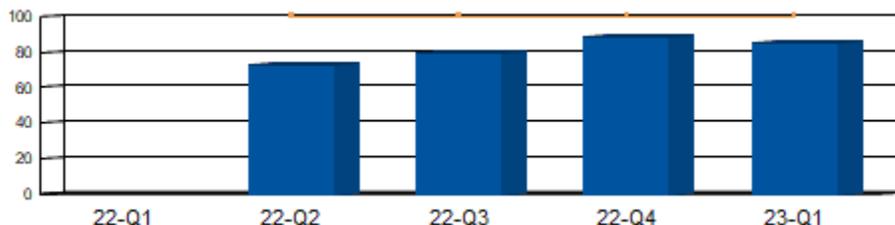
Prior Targets:  
Fiscal 2022 target: 100% Corridors: RED: <60% YELLOW: >60% and <75% GREEN: >75%  
Fiscal 2021 target: 100%, Corridors:, RED: <60%, YELLOW: >60% and <75%, GREEN: >75%

## Q1 FY2023 Strategy Performance Indicators Report

### 1. Ensure quality in every patient experience

#### a. Make quality the foundation of everything we do

**Indicator: Achieve pre-COVID position by March 31**



	Actual	Target
22-Q1		
22-Q2	73	100
22-Q3	80	100
22-Q4	89	100
23-Q1	85	100

#### Describe the tactic(s) we are implementing to achieve this objective:

We continuously tracking the volume on monthly basis

#### Explain the current performance of the objective as of this quarter. Where possible, express statistics and numbers in plain language, focusing on the impact to patients and staff

We have limited data available at this point.

#### Are we on track to meet the objective by year end? If not, explain why and what new tactics are planned to ensure we me

Based on the limited data, we are on Track

**Definition:** EVP - Amit Bansal  
MRP - Amit Bansal

**TACTICS:** Recover Loss of Revenue: 1) recover elective volume-based activity revenue 2) recover non-elective volume-based activity revenue

**REPORTING COMMITTEE:** People, Finance & Audit Committee

**Target:** Fiscal 2023 target: 100%  
Corridors:  
RED: <60%  
YELLOW: >60% and <75%  
GREEN: >75%

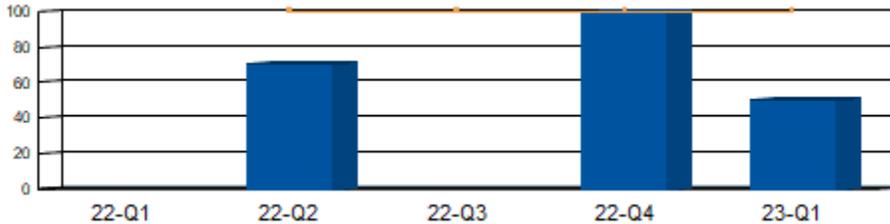
**Prior Targets:**  
Fiscal 2022 target: 100% Corridors: RED: <60%, YELLOW: >60% and <75%, GREEN: >75%  
Fiscal 2021 target: 100%, Corridors: RED: <60%, YELLOW: >60% and <70%, GREEN: >70%

**Q1 FY2023 Strategy Performance Indicators Report**

**1. Ensure quality in every patient experience**

**a. Make quality the foundation of everything we do**

**Indicator: HSAA/MSSA conditions met**



	Actual	Target
22-Q1		
22-Q2	70	100
22-Q3		100
22-Q4	100	100
23-Q1	50	100

**Describe the tactic(s) we are implementing to achieve this objective:**

As of June hospital operations was in deficit

**Explain the current performance of the objective as of this quarter. Where possible, express statistics and numbers in plain language, focusing on the impact to patients and staff**

Hospital operations are always in deficit in the first quarter due to several budget adjustments, new funding letters and volume calculations.

**Are we on track to meet the objective by year end? If not, explain why and what new tactics are planned to ensure we me**

Yes, we are on track

**Definition:** EVP - Amit Bansal  
MRP - Amit Bansal

**TACTICS:** Operating expenses equal budget & funded activity

**REPORTING COMMITTEE:** People, Finance & Audit Committee

**Target:** Fiscal 2023 target: 100%

**Corridors:**  
RED: <60%  
YELLOW: >60% and <70%  
GREEN: >70%

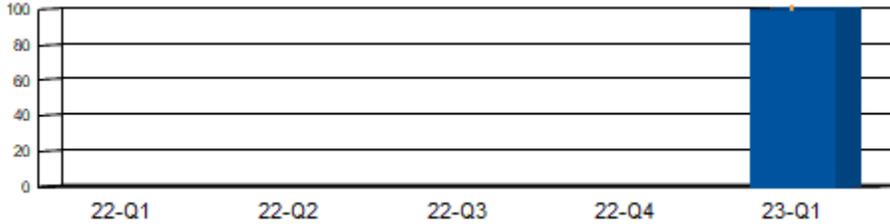
**Prior Targets:**  
Fiscal 2022 target: 100% Corridors: RED: <60% YELLOW: >60% and <70% GREEN: >70%  
Fiscal 2021 target: 100%, Corridors: RED: <60%, YELLOW: >60% and <70%, GREEN: >70%

**Q1 FY2023 Strategy Performance Indicators Report**

**1. Ensure quality in every patient experience**

**a. Make quality the foundation of everything we do**

**Indicator: Board endorses RFP for managed equipment services and RFP is issued Y/N**



	Actual	Target
22-Q1		
22-Q2		
22-Q3		
22-Q4		
23-Q1	100	100

**Describe the tactic(s) we are implementing to achieve this objective:**

This task was completed last year, and the business decided not to pursue RFP at this stage.

**Explain the current performance of the objective as of this quarter. Where possible, express statistics and numbers in plain language, focusing on the impact to patients and staff**

**Are we on track to meet the objective by year end? If not, explain why and what new tactics are planned to ensure we me**

**Definition:** EVP - Amit Bansal  
MRP - Amit Bansal

TACTICS: TBD

REPORTING COMMITTEE: People, Finance & Audit Committee

**Target:** Fiscal 2023 target: 100%

Corridors:

RED: No = 0

YELLOW: Blank = in progress

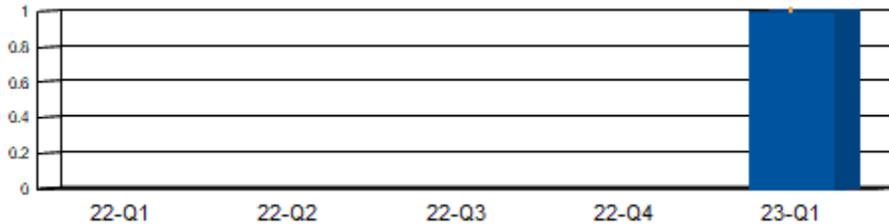
GREEN: Yes = 1

**Q1 FY2023 Strategy Performance Indicators Report**

**1. Ensure quality in every patient experience**

**b. Lead evolution of patient- and family- centred care**

**Indicator: Patient stories completed in 12 KHSC unit/programs & at board patient care committee**



	Actual	Target
22-Q1		
22-Q2		
22-Q3		
22-Q4		
23-Q1	1	1

**Describe the tactic(s) we are implementing to achieve this objective:**

Storytelling strategy created for Patient Care and Quality Board Committee which will align with the PCQC workplan and program presentations. Strategy includes evolving the process based on feedback from the Committee after each story is presented. Tactic team staff and patient advisor team members began process of reviewing existing Feedback Forum materials.

**Explain the current performance of the objective as of this quarter. Where possible, express statistics and numbers in plain language, focusing on the impact to patients and staff**

New drafts created to adapt processes and resources for virtual recorded sessions. Draft materials shared with patient/family storyteller for feedback and input. New Patient Story Audio/Video Recording Consent Form drafted, reviewed by stakeholders and shared with patient/family storyteller for input. Patient Story identified, facilitator selected, planning meetings underway for recording.

**Are we on track to meet the objective by year end? If not, explain why and what new tactics are planned to ensure we me**

Patient Stories education session planning underway.

**Definition:** EVP - Carter  
MRP - Angela Morin

TACTICS: TBD

REPORTING COMMITTEE: Patient Care & Quality Committee

**Target:** Fiscal 2023 target: 12

Corridors:

RED: Q1: <1; Q2: 0; Q3: <=1; Q4: <=1

YELLOW: Q1: <1; Q2: 1; Q3: 2; Q4: 2

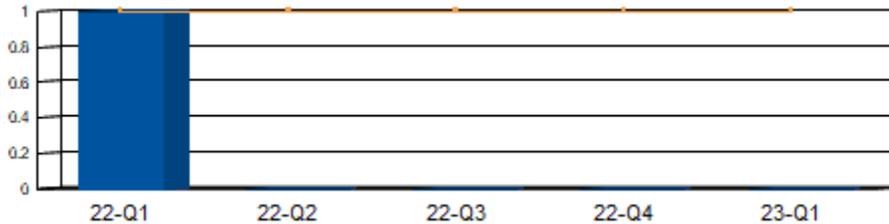
GREEN: Q1:1; Q2: >=2; Q3: >=3; Q4: >=3

**Q1 FY2023 Strategy Performance Indicators Report**

**1. Ensure quality in every patient experience**

**c. Create the space for a better experience**

**Indicator: PSOS complete and RFP issued**



	Actual	Target
22-Q1	1	1
22-Q2	0	1
22-Q3	0	1
22-Q4	0	1
23-Q1	0	1

**Describe the tactic(s) we are implementing to achieve this objective:**

**Explain the current performance of the objective as of this quarter. Where possible, express statistics and numbers in plain language, focusing on the impact to patients and staff**

**Are we on track to meet the objective by year end? If not, explain why and what new tactics are planned to ensure we me**

Work was paused in May 2022 once the provincial election was called. Conversations to resume planning are ongoing with the Ministry.

**Definition:** EVP - Krista Wells-Pearce  
MRP - Krista Wells-Pearce

TACTICS: As per redevelopment project milestones

REPORTING COMMITTEE: People, Finance & Audit Committee

**Target:** Fiscal 2023 target: 100%

Corridors:

RED: No = 0

YELLOW: Blank = in progress

GREEN: Yes = 1

Prior Targets:

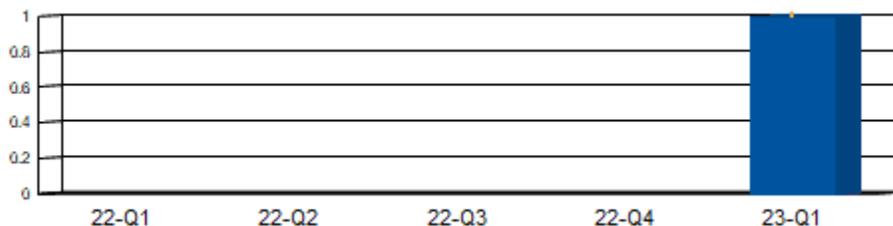
Fiscal 2022 target: 100% Corridors: RED: No = 0 YELLOW: Blank = in progress GREEN: Yes = 1

## Q1 FY2023 Strategy Performance Indicators Report

### 2. Nurture our passion for caring, leading and learning

#### a. Foster a safe, healthy, innovative working environment that inspires and motivates the people who work, learn and volunteer at KHSC

##### Indicator: Inclusion council in place Y/N



	Actual	Target
22-Q1		
22-Q2		
22-Q3		
22-Q4		
23-Q1	1	1

##### Describe the tactic(s) we are implementing to achieve this objective:

Final acceptance and confirmation of the Inclusion Steering Council members occurred. The first ISC meeting with a follow up meeting took place. Communication in KHSC Now to the broader staff community regarding a story about the launch of the Steering Council happened in the quarter. There were intranet updates to also reflect and acknowledge Indigenous People's day and history month, initiatives and activities including efforts the staff community group supporting LGBTQIA2S+ staff and Pride Month. With support from the organization, Pride pins were given away at the doors, a new Pride flag was put up at KGH and HDH sites, KHSC staff marched in the Kingston Pride parade and other webinars, information exchanges and coffee klatches occurred to celebrate diversity. Conversations and draft terms of reference, working group potentials and priorities were discussed.

##### Explain the current performance of the objective as of this quarter. Where possible, express statistics and numbers in plain language, focusing on the impact to patients and staff

Our staff and the broader community are seeking demonstrable action concerning equity for people who have been traditionally marginalized or in the minority including racialized persons who are Black, Indigenous or People of Colour. The pandemic has put a serious strain on our health care workers which in turn can compromise care delivery if not available, supported or effective so organizational strategies are needed to protect the health and wellness of our healthcare workforce. Given the current shortage of health care workers, we must ensure a welcoming and inclusive environment to attract talent from beyond our region to fill those gaps and improvement will also support retention through a positive work experience for our current workforce.

##### Are we on track to meet the objective by year end? If not, explain why and what new tactics are planned to ensure we me

Yes, we are on track.

**Definition:** ACCOUNTABILITY:  
EVP - Carlton  
MRP - M. Mulima

TACTICS: TBD

REPORTING COMMITTEE: People, Finance & Audit Committee

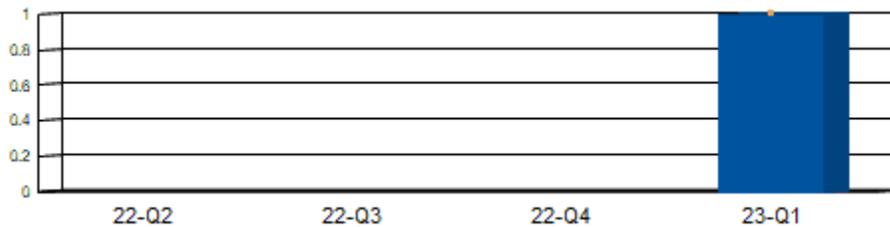
**Target:** Fiscal 2023 target: 100%  
Corridors:  
RED: No = 0  
YELLOW: Blank = in progress  
GREEN: Yes = 1

## Q1 FY2023 Strategy Performance Indicators Report

### 2. Nurture our passion for caring, leading and learning

#### a. Foster a safe, healthy, innovative working environment that inspires and motivates the people who work, learn and volunteer at KHSC

##### Indicator: Succession plans completed for management roles



	Actual	Target
22-Q2		
22-Q3		
22-Q4		
23-Q1	1	1

##### Describe the tactic(s) we are implementing to achieve this objective:

From the developed tactic plan, education sessions for leaders to review the performance agreement and development plan processes occurred. An eLearning module was developed and will be released at a later date. For merit increase assessments, one education session was held for new Directors. Talent review preparation for Q2 was undertaken given the current 72% completion rate. New Hire and Exit survey information was shared with leadership with recommendations for improvement initiatives such as the launch of New hire welcome package to respond to feedback during onboarding. The 2022-23 catalogue was released for the leadership development framework under RISE (Reach, Inspire, Succeed, Excel) for aspiring and existing leaders. Highlights for the upcoming quarter include Crucial Conversations and Mental Health Leadership.

##### Explain the current performance of the objective as of this quarter. Where possible, express statistics and numbers in plain language, focusing on the impact to patients and staff

To ensure there is a pipeline of talent staff aspiring to leadership there also needs to be a pathway and process to keep the organization learning and growing to meet the needs of the future alongside today. This area of focus also aligns with our risk reduction strategy, Accreditation leadership standards and engagement drivers. Given the crucial role positional leaders have within the organization and the risk of not having capable people to lead and achieve our operational accountabilities as well as our strategic directions, it is imperative we need nurture and safeguard our talent including developing our aspiring leaders. With the impacts and demands highlighted through the pandemic there needs to be some focus on ensuring we have a cadre of strong leaders as an enabler to performance.

##### Are we on track to meet the objective by year end? If not, explain why and what new tactics are planned to ensure we me

Yes, we are on track.

**Definition:** ACCOUNTABILITY:  
EVP - Carlton  
MRP - M. Mulima

TACTICS: TBD

REPORTING COMMITTEE: People, Finance & Audit Committee

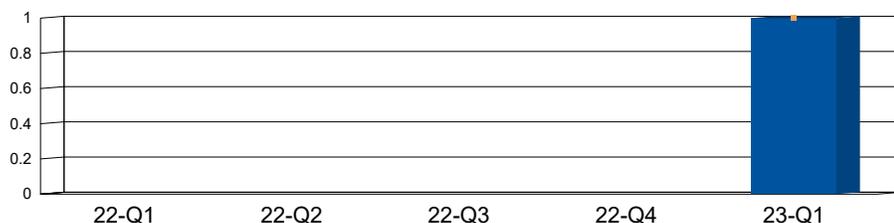
**Target:** Fiscal 2023 target: 80%  
Corridors:  
RED: <60%  
YELLOW: >60% and <70%  
GREEN: >70%

**Q1 FY2023 Strategy Performance Indicators Report**

**3. Improve the health of our communities through partnership and innovation**

**a. Be a hospital beyond our walls that delivers complex, acute and speciality care where and when it is needed most**

**Indicator: HIS project design/build/validation phase is complete Y/N**



	Actual	Target
22-Q1		
22-Q2		
22-Q3		
22-Q4		
23-Q1	1	1

**Describe the tactic(s) we are implementing to achieve this objective:**

**Explain the current performance of the objective as of this quarter. Where possible, express statistics and numbers in plain language, focusing on the impact to patients and staff**

The implementation phase of the Lumeo Project is in full swing. Currently, there are two significant risk areas (1) technical readiness, and (2) health human resource (HHR) issues. On the clinical front, clinical Subject Matter Experts (SME) are working to configure the Cerner system and make decisions on how it will be used through a series of 8 workshops from April 2022 through March 2023. Four workshops have been completed successfully despite HHR challenges across the region. In the spring, Lumeo focus shifted to technical infrastructure planning and execution. On the technical front, key decisions, scope, detailed planning, and human resource planning is incomplete/pending from the regional team; this has been escalated to the leadership level.

**Are we on track to meet the objective by year end? If not, explain why and what new tactics are planned to ensure we me**

Clinical configuration of the Cerner system is on track; technical readiness is a risk.

**Definition:** ACCOUNTABILITY:  
EVP - Gamache-O'Leary  
MRP - D. Lorrichio

TACTICS: TBD

REPORTING COMMITTEE: Governance

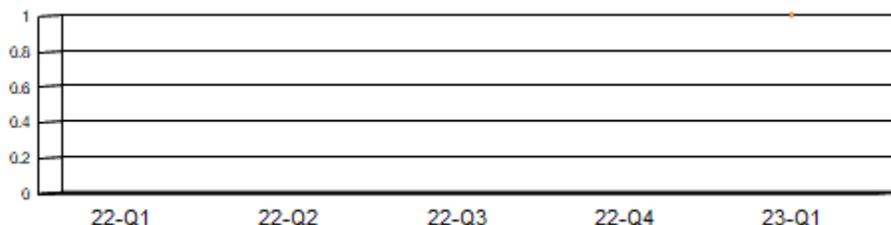
**Target:** Fiscal 2023 target:  
Corridors:  
RED: No = 0  
YELLOW: Blank = in progress  
GREEN: Yes = 1

## Q1 FY2023 Strategy Performance Indicators Report

### 3. Improve the health of our communities through partnership and innovation

#### a. Be a hospital beyond our walls that delivers complex, acute and speciality care where and when it is needed most

#### Indicator: KHSC participates in priority projects Y/N



	Actual	Target
22-Q1		
22-Q2		
22-Q3		
22-Q4		
23-Q1		1

#### Describe the tactic(s) we are implementing to achieve this objective:

Ontario Health Teams are being introduced to provide a new way of organizing and delivering services in local communities. Under Ontario Health Teams, health-care providers (including hospitals, doctors and home and community care providers) will work as one coordinated team – no matter where they provide care. Kingston Health Sciences Centre, together with over 300 other health-care partners throughout this region, is providing leadership to the development of an Ontario Health Team that would provide fully integrated health care to the attributed population in Frontenac, Lennox and Addington counties. With the right partners and plans in place, and one year of successful OHT project implementation behind us, we are well-positioned to leverage the lessons learned from our regional response to the COVID-19 pandemic, and many collaborative projects which will continue to be a focus in the coming year. Since becoming an approved OHT in the fall of 2020, we have executed a Collaborative Decision-Making Arrangement, endorsed the People-Centred Health Home model as the foundation of our OHT, and fully operationalized our priority project working groups focused on: aging-well-at-home, palliative care partnerships, addictions and mental health integration, and coordinated discharge, as well as supporting structures. The groups have completed their first year deliverables including implementing pilot models of care, creating new coordination, navigation and advocacy roles, securing funding for digital health projects and more. This work is building on existing collaborations in our region with the aim that our patients and citizens will be the beneficiaries of a stronger, more connected health care system as soon as possible.

#### Explain the current performance of the objective as of this quarter. Where possible, express statistics and numbers in plain language, focusing on the impact to patients and staff

As part of our leadership contribution to the OHT, a KHSC resource is leading the process to develop the FLA OHTs first strategic plan, as well as leading the communications and engagement working group to ensure we keep our partners and community informed and engaged with our progress. As of Q1, we have completed an OHT- and community-wide engagement process to collect input into the plan, and collaborated with OHT leaders to create the first draft of the strategic plan. In the coming quarters, we will be working with OHT partners, community members and the public to validate, refine and launch the strategic plan.

In Q1 KHSC also contributed leadership to:

- Strategic engagement and collaboration with our Ministry of Health and Ontario Health partners on issues related to future accountable, value-based models for OHTs, possible pilot projects that may be awarded to FLA OHT
- Supporting Transitional Leadership Collaborative with agenda planning & process design to support strategy discussions
- Providing professional consulting to the OHT project groups as they form communication, engagement and strategic plans to support their work
- Continuing to provide leadership to the Regional Health Information System project, now known as Lumeo; a key foundation for connecting hospitals, and eventually other providers in the system, on a common patient record and a platform for digital health.

#### Are we on track to meet the objective by year end? If not, explain why and what new tactics are planned to ensure we me

- Yes, we are on track to achieve the objective as of year-end.

**Definition:** ACCOUNTABILITY:  
EVP - Pichora/Carter  
MRP - T. MacBeth

TACTICS: TBD

REPORTING COMMITTEE: Governance

**Target:** Fiscal 2023 target: 100%

Corridors:

RED: No = 0

YELLOW: Blank = in progress

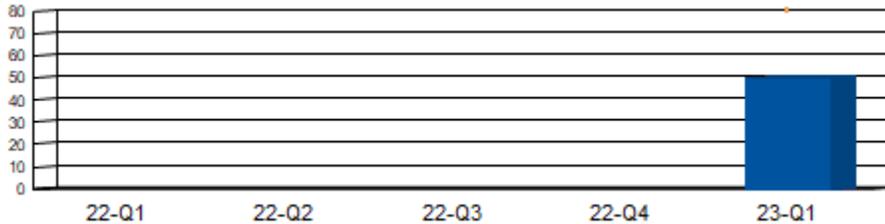
GREEN: Yes = 1

**Q1 FY2023 Strategy Performance Indicators Report**

**4. Launch KHSC as a leading centre for research and education**

**a. Foster a culture of teaching, learning, research and scholarship**

**Indicator: Research Institute: Meet with all clinical departments Y/N**



	Actual	Target
22-Q1		
22-Q2		
22-Q3		
22-Q4		
23-Q1	50	80

**Describe the tactic(s) we are implementing to achieve this objective:**

Engage clinical department heads about attending a departmental meeting to discuss hospital-based research, opportunities, gaps, and the role of the KGHRI

**Explain the current performance of the objective as of this quarter. Where possible, express statistics and numbers in plain language, focusing on the impact to patients and staff**

To date, 8 of the 14 clinical department heads have been engaged and attend at 5 departmental meetings have occurred to emphasis clinical research within KHSC and KGHRI and define opportunities

**Are we on track to meet the objective by year end? If not, explain why and what new tactics are planned to ensure we me**

Yes

**Definition:** ACCOUNTABILITY:

EVP - S. Smith  
MRP - S. Smith

TACTICS: TBD

REPORTING COMMITTEE: Research

**Target:** Fiscal 2023 target: 100%

Corridors:

RED: No = 0

YELLOW: Blank = in progress

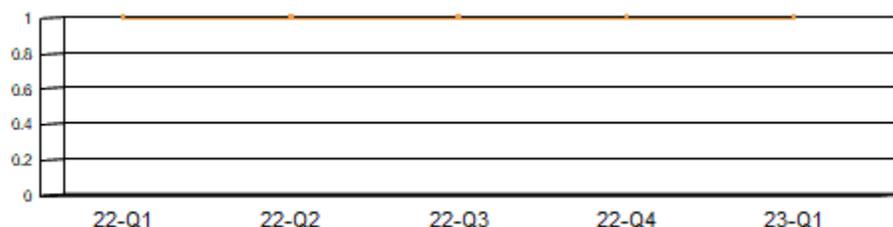
GREEN: Yes = 1

## Q1 FY2023 Strategy Performance Indicators Report

### 4. Launch KHSC as a leading centre for research and education

#### a. Foster a culture of teaching, learning, research and scholarship

#### Indicator: Coordinated learner experience strategy in place Y/N



	Actual	Target
22-Q1		1
22-Q2		1
22-Q3		1
22-Q4		1
23-Q1		1

#### Describe the tactic(s) we are implementing to achieve this objective:

Each year, Kingston Health Sciences Centre (KHSC) welcomes more than 2,000 health-care learners which includes medical students, medical residents, nursing and allied health. They spend several years with us, learning and caring for patients at both sites, while completing their training to become qualified health care providers. As a fully accredited teaching hospital, KHSC has an accountability and responsibility to provide a safe, engaging and educational learning environment.

KHSC, and our affiliated Universities/Colleges, attracts some of the nation's brightest learners to pursue their health care education, which helps to create the capacity to provide highly specialized services for our community and region.

In order to gain a better understanding of the learning environment from the students' perspective, we have engaged them for their feedback regarding opportunities for enhancements in their overall educational experience and learning environment, while they continue to provide supervised quality care to our patients.

Kingston Health Sciences Centre wants to promote and create a safe and educational learning environment for all learners. We have always received feedback and surveyed our Staff and Physicians, but have not always obtain feedback from our learners about our engagement, learning and culture. We have developed a survey with our educational partners for distribution to our learners that will assist in our Education Strategy at KHSC.

#### Explain the current performance of the objective as of this quarter. Where possible, express statistics and numbers in plain language, focusing on the impact to patients and staff

Working in partnership with Queen's University/St. Lawrence College, Medical Affairs and Professional Practice portfolios have developed a survey for distribution to our learners that will assist in developing an coordinated Education Strategy at KHSC. Historically, the education portfolios and deliverables were siloed amongst Residents, Medical Students, nursing and Allied Health; however going forward we want to create an coordinated approach to all learners.

#### Are we on track to meet the objective by year end? If not, explain why and what new tactics are planned to ensure we me

Our goal is to optimize the learner experience at KHSC by responding to learner experiences survey recommendations. We have completed the medical Student and Residents surveys and started the engagement process with Faculty of Health Sciences. The overall strategy work was put on hold last year due to competing priorities with KHSC and our educational partners, however we are now on track to move forward with an integrated plan.

**Definition:** ACCOUNTABILITY:  
EVP - Mike Fitzpatrick  
MRP - Chris Gillies

TACTICS: TBD

REPORTING COMMITTEE: People, Finance & Audit Committee

**Target:** Fiscal 2023 target:100%  
Corridors:  
RED: No = 0  
YELLOW: Blank = in progress  
GREEN: Yes = 1

Prior Targets:  
Fiscal 2022 target:100% Corridors: RED: No = 0 YELLOW: Blank = in progress GREEN: Yes = 1

## Q1 FY2023 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